

Deceased person:

Name Participant number

Liquidator to contact:

Name Phone

Address Email

Transfer to another Épargne Placements Québec participant (spouse, heir(s) or estate)

Except for the spouse, the products will be transferred to the beneficiary's Épargne Placements account.

Please specify the transfer to be made by completing the table below.

| Name of the beneficiary of the transfer | Participant number (required)* | Proportion |
|---|--------------------------------|------------|
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* An heir, spouse or estate that does not have a participant number must first open an account by contacting an investment officer of Épargne Placements Québec.

Reimbursement by electronic funds transfer to the estate's bank account

Attach a personalized check made out to the estate marked "cancelled".

Total

Partial

Please complete the table below to specify the amount or proportion and, if necessary, the products to be reimbursed and their due date.

| Amount or proportion | Product (if necessary) | Maturity (if necessary) |
|----------------------|------------------------|-------------------------|
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I certify that all documents submitted are true copies of the original documents. In case of doubt, Épargne Placements Québec reserves the right to require the transmission of the original document or a certified copy.

Name Signature Date of birth Date

Name Signature Date of birth Date

Name Signature Date of birth Date