

SECURITIES DONATION FORM

Please complete and return this form by Email at juli.meilleur@leucan.qc.ca

| Mrs Mr Last Name | First Name | | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Home address | | | |
| City | | Province | Postal code |
| Phone (work) | Télé | | |
| Cell phone | Email _ | | |
| Brokerage account number | | | |
| BROKER INFORMATION | | | |
| Last Name | | First Name | |
| Phone F | | Fax | |
| | Brokerage firm / Company | | |
| | | | |
| STOCK INFORMATION | | | |
| Stock name | Numb | er of shares transferred | Approximate value of the share at the time of transfer |
| | | | |
| | | | |
| | | | |
| Stock exchange | | | |
| Approximate total value of the donation | | Date of transfer to Lo | eucan's account |
| ELECTRONIC TRANSFER OF SHARES TO LEUCAN'S ACCOUNT | | 5 DECLARATION O I, the undersigned, | F DONATION TO LEUCAN |
| DESJARDINS SECURITIES | | | |
| Contact: Mélanie Beaudoin 514 281-7729 melanie.v.beaudoin@desjardins.com 1170 Peel, Suite 300 Montréal (Québec) H3B 0A9 | | that the above-mentioned of it at will, and that I giv organization registered un under Part 3 of the Queb | NAME IN CAPITAL LETTERS), hereby declar property belongs to me and that I can dispond the the said property to Leucan, a charital der number 11901 8703 RR0001, incorporatives are Companies Act and whose head office Avenue, Suite 300, Montreal, Quebec H3N 1N |
| Account name: Leucan Inc. | | Done and signed in | (CIT\ |
| Account number: 7K5QVA0 (CAD) / 7K5QVB8 (UCUID: VMDM DTC: 5028 | 5) | on | (DAY, MONTH, YEAR |
| SECTION RESERVED FOR LEUCAN | | (YOUR SIGNATURE) | |
| We, the undersigned: | | | |
| Hereby declare that we are authorized to receive the above-ment to our account. Upon acceptance of the donation, Leucan will iss | | | ollow up to ensure their transfer for dispositi |
| Done and signed in | | | |