



SHARE PURCHASE PLAN

Withdrawal/Termination Form

Before completing this form please read CPR's Share Purchase Plan Information Guide carefully. Fill in only one of sections A or B that is relevant to the action you wish to take. Please call the appropriate CPR call centre if you need assistance in completing this form or for any general inquiries regarding the Plan.

PLEASE PRINT

NAME	
Last:	First:
HOME ADDRESS	
Street:	
City:	Province: Country: Postal Code:
Telephone Number (Home):	Telephone Number (Work):
Employee Number:	Social Insurance Number:
I hereby acknowledge I have received and read a copy of CPR's Share Purchase Plan Information Guide and I understand this plan is governed by the provisions of the official Plan Document.	
I understand, agree and authorize that any call to the Plan Administrator's (The Trust Company of Bank of Montreal) call centre will be deducted from my pay (currently \$6 CDN per call, subject to change).	
I understand that any cash payments will be sent to me in the form of a cheque in my name to the above address.	
Employee Signature:	Date Signed (Year/month/day):

A. Withdraw and Sell Shares

<input type="checkbox"/>	I hereby direct and authorize the withdrawal and sale of shares indicated below to which I am entitled to under the Plan:	<input type="radio"/>	All or _____ (number) of common shares
—			
PLUS select one of the following (Note: Brokerage and transaction fees payable by Participant are applicable):			
<input type="radio"/>	Please send the sale proceeds in the form of a cheque in my name at the above address.		
<input type="radio"/>	Please deposit the sale proceeds in my bank account (void cheque enclosed)		
	Institution _____	Branch/FINS _____	Account # _____

B. Termination from Plan

<input type="checkbox"/>	Voluntary - Employment with CPR continuing (Note: Brokerage and transaction fees payable by Participant are applicable).		
<input type="checkbox"/>	Other - Termination of employment e.g. resignation, death, retirement, termination (Note: Transaction fees payable by Participant do not apply except for brokerage fees for sale of shares).		
PLUS select one or a combination of the following options (Note: All shares must be withdrawn from the Plan):			
<input type="checkbox"/>	Withdraw and Issue Certificate	<input type="radio"/>	All or _____ (number) of common shares
<input type="checkbox"/>	Withdraw and Sell	<input type="radio"/>	All or _____ (number) of common shares
	<input type="radio"/> Please send the sale proceeds in the form of a cheque in my name at the above address.		
	<input type="radio"/> Please deposit the sale proceeds in my bank account (void cheque enclosed):		
	Institution _____	Branch/FINS _____	Account # _____
<input type="checkbox"/>	Withdraw and Transfer	<input type="radio"/>	All or _____ (number) of common shares
	Please transfer the shares to my financial institution:		
	Institution _____	Branch/FINS _____	Account # _____

PLAN ADMINISTRATOR USE ONLY	
Date Received:	Acknowledged by:

Please Fax this form to: 1-514-877-9182; OR Mail to: The Trust Company of Bank of Montreal, 129 Saint Jacques, B-Level North, Montreal, Que, H2Y 1L6
