

DECLARATION OF OWNERSHIP OF SECURITIES HELD AT DESJARDINS ONLINE BROKERAGE IN HIS/HER CAPACITY AS A TUTOR TO A MINOR CHILD

I hereby confirm that the account mentioned below is an account he	eld by me, in my capacity as a tutor, and that	
(Name of the minor)	will take full possession thereof upon attaining the a	age of majority.
The child is the sole owner of the securities held in this account, and	d no other document exists that would indicate otherwise.	
I understand that, as a tutor, I can only make investments that are pr	resumed to be sound. Otherwise, I may be held liable for any	losses incurred by the minor.
I also understand that I must respect the current tax rules, including t that this liability will in no way fall on Desjardins Securities Inc.	the attribution rules that apply to the income and capital gains	generated by the investments, and
I acknowledge that, as a tutor, I handle the administration of the minor will then become the only person entitled to make decisions regardicease accepting my instructions regarding the "in trust" account.		
Tutor's name (block letters)	Tutor's signature	Date (YYYY-MM-DD)
		Account number

Identity verification of the minor child must be done on the following page

Desjardins Securities Inc. uses the trade name "Desjardins Online Brokerage" for its discount brokerage activities. Discount brokerage products and services are consolidated under the trademark "Disnat". Desjardins Securities is a member of the Investment Industry Regulatory Organization of Canada (IIROC) and the Canadian Investor Protection Fund (CIPF).

IDENTITY VERIFICATION OF THE MINOR CHILD

IDENTITY VERIFICATION is required under the Proceeds of Crime (Money Laundering), the Terrorist Financing Act (PCMLTFA).

Client Resident of Canada				
Identity verification by (Reserved for Caisse Desjardins Adviso	r/Desjardins Online Brokerage Represe	ntative):		
Desjardins Online Brokerage Caisse Desjardins (Please	e complete method 1: Identity verification done	e in person)		
Name of Caisse:	Transit No.: _	Institu	ution No.:	
Name of Advisor:		Verification Date (YYY	Y-MM-DD):	
Legible copies must be attached at all times:				
Document(s) collected to verify the identity of the client (PCML*)	TFA requirement)			
Complete one [1] of the two sections below, according	g to the method of identification	used		
Method 1: Identity verification done in person				
Original passport ¹ (issuing country:)			
Document No.: Expiry	Date (YYYY-MM-DD):	Verification Date (YYYY-M	M-DD):	
¹ A certified translation may be required.				
Method 2: Identity verification done in person or not				
Verification by one [1] item in each of the two [2] categories be	elow:			
Original document from parent or tutor indicating the same ac Bank account statement, credit card statement or load OR Utility account statement (ex: electricity, telecommunic OR Document from the Canada Revenue Agency (ex: T4).	n statement cations, etc.)	child:		
Document No.: Document Da	ate (YYYY-MM-DD):	Verification Date (YYYY-N	MM-DD):	
AND	the construction of the			
Original document that mentions the name and birth date of Birth certificate	tne minor chila:			
OR ☐ Health insurance card ²⁻³				
Document No.: Document Da	ate (YYYY-MM-DD):	Verification Date (YYYY-N	/IM-DD):	
 Indicate the issuing Canadian province or territory: Not valid in Ontario, New Brunswick, Nova Scotia, Manitoba or Prince 				
Note: the original version corresponds to the document that the person	n has downloaded or received from the iss	uer, either by mail or electro	onically.	
Signature (reserved for Desjardins Online Brokerage)				
Date of identity verification of the minor child from the information provided by Caisse Desjardins (if applicable):				
Name of the representative (in block letters)	Signature of the representative	Date	e (YYYY-MM-DD)	
Name of Branch Manager (in block letters)	Signature of Branch Manager	Date	e (YYYY-MM-DD)	

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