

DESJARDINS SECURITIES INC. CONSENT PRIOR TO THE TRANSMISSION OF PERSONAL INFORMATION

IDENTIFICATION OF CLIENT (in block letters)	
☐ Mr. ☐ Ms. Last name:	First name:
Or Entities' name:	
Account number(s) concerned:	
	("client"), consent to have Desjardins Securities Inc. send n the context of providing investment services and kept in its files for my conditions:
IDENTIFICATION OF THIRD PARTY (in block letter	ers)
☐ Mr. ☐ Ms. Last name:	First name:
Entities' name (if applicable):	Telephone number:
Address (Number and street):	Suite:
City: Province:	Country: Postal code:
Purpose of the request:	
NAME OF DOCUMENT(S) TO BE TRANSMITT	TED DATE OF DOCUMENT(S) TO BE TRANSMITTED
I acknowledge that, if I choose to send a duplicate under my client number.	of my account statement to a third party, it will include all of my accounts
established by Desjardins Securities to ensure the coor conveyed concerning its clients. Consequently, I a	ations and rules of the policy respecting the protection of personal information onfidentiality and protection of all personal information collected, held, used accept that this consent releases Desjardins Securities from its obligation to to ensure and preserve the accuracy, confidentiality, security and privacy of
This consent is deemed valid until such time as my	Investment Advisor receives a writtin notice from me.
Client' signature	Date (YYYY-MM-DD)
	INVESTMENT ADVISOR OR REPRESENTATIVE (IF APPLICABLE) entative, declare that I have contacted the client and obtained his consent
□ other; please specify:	Data (WWW MM DD)
	Date (YYYY-MM-DD)
Name of the investment advisor or representative	Signature Date (YYYY-MM-DD)
Comments:	