

IN THE MATTER OF THE ESTATE OF

_____ (the "Deceased"),
Last name of Deceased (block letters) First name of Deceased (block letters)

I/We:

Personal Representative 1 (in block letters)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name: _____ First name: _____
Number and street: _____ Apartment/Suite: _____	
City: _____ Province: _____ Country: _____ Postal code: _____	

Personal Representative 2 (in block letters)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name: _____ First name: _____
Number and street: _____ Apartment/Suite: _____	
City: _____ Province: _____ Country: _____ Postal code: _____	

Personal Representative 3 (in block letters)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name: _____ First name: _____
Number and street: _____ Apartment/Suite: _____	
City: _____ Province: _____ Country: _____ Postal code: _____	

In my/our capacity as: Executor(s) Administrator
 Designated beneficiary(ies) of a plan of the Deceased (the "Personal Representative(s)"),

DO SOLEMNLY DECLARE:

1. THAT the Deceased died at _____,
City Province Country

on the _____ day of _____, 20_____, Testate or Intestate
Day Month Year

and that at the date of death the Deceased lived at:

Number and street: _____ Apartment/Suite: _____

City: _____ Province: _____ Country: _____ Postal code: _____

At the time of death, the Deceased's marital status was as follows:

Single Married Common Law Partner Widower/Widow Separated Divorced

2.1 THAT a:

- Certificate of Appointment of Estate Trustee with a Will, Letters Probate or similar document
- Certificate of Appointment of Estate Trustee without a Will, Letters of Administration or similar document

was granted to the Personal Representative(s) on the _____ day of _____, 20____ by the
Day Month Year

- Court of Queen's Bench Superior Court of Justice Supreme Court

Other Surrogate Court sitting at _____
City

- No Certificate of Appointment of Estate Trustee

2.2 THAT I am (we are) designated beneficiary(ies) of a plan. My (our) Social Insurance Number(s) is (are):

_____ Social insurance number of beneficiary 1 _____ Social insurance number of beneficiary 2 _____ Social insurance number of beneficiary 3

3. THAT the following securities are registered in the name of the Deceased in the registers of Desjardins Securities Inc., (the "Corporation"), (please add a complete list, to be signed by the personal representative(s) if there is not enough space) in account _____
Account number

CERTIFICATE NUMBER (if applicable)	DESCRIPTION	QUANTITY

4. THAT the Deceased and the person whose name appears on said certificates are one and the same person.

5. THAT by virtue of the foregoing, the aforementioned securities have devolved upon and become vested in the aforesaid Personal Representative(s), who requests:

That the securities be rolled over into the surviving spouse's account _____ (ONLY for a Registered Plan).
Account number

That the securities be registered in the registers of the Company in an Estate Account for:

Estate Name

In the case of a plan, that the securities be transferred in the name(s) of the designated beneficiary(ies).

6. I (we) instruct Desjardins Securities to proceed with a:

Total transfer in cash: available cash and the sale of all securities or;

Total transfer in kind: all securities and available cash or;

Identity of the financial institution:

Name: _____ Phone no.: _____

Address (Number and Street): _____ City: _____

Province: _____ Country: _____ Postal code: _____

Transit no.: _____ Institution no.: _____ Account no.: _____

Verification: Contact: _____ Phone no.: _____

Issuing of cheques:

Last name: _____ First name: _____

Address (Number and Street): _____ City: _____

Province: _____ Country: _____ Postal code: _____

7. This Declaration is, to the best of my (our) knowledge, true and complete.

8. Prior to depositing this Declaration, Desjardins Securities has recommended that I (we) obtain independent legal advice in order to determine the identity of the heirs and with respect to other issues concerning the Estate and I (we) assume all liability in that respect.

9. I (we) undertake (jointly and severally) to indemnify and hold Desjardins Securities harmless, in my (our) capacity as personal representative(s), for any and all liability and sums it may have to pay for relying upon this Declaration.

10. I (we) make this solemn declaration consciously believing it to be true and knowing that it is of the same force and effect as if made under oath.

SIGNATURE OF PERSONAL REPRESENTATIVE(S)_____
Signature of the Personal Representative 1_____
Date (YYYY-MM-DD)_____
Signature of the Personal Representative 2_____
Date (YYYY-MM-DD)_____
Signature of the Personal Representative 3_____
Date (YYYY-MM-DD)**Reserved for a Commissioner for Oaths or Notary Public or as the case may be**

DECLARED before me at

CityIn the _____
County, District or Regional Municipalityof _____
Province or Territorythis _____ day of _____, 20____,
Day Month Year_____
A Commissioner for Oaths or Notary Public or as the case may be