

Client number:

Providing consent   
Withdrawing consent

### SECTION 1 – Account holder identification

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Or entity name: \_\_\_\_\_

Attention: \_\_\_\_\_

To facilitate and optimize the delivery of the advisory services provided by Desjardins Securities Inc. (Desjardins Securities), your Desjardins caisse or credit union branch may disclose some personal information about you to Desjardins Securities.

Name of Desjardins caisse or credit union: \_\_\_\_\_

### SECTION 2 – Consent

In accordance with privacy regulations, I hereby authorize the above-mentioned Desjardins caisse or credit union to disclose to Desjardins Securities the personal information that it has collected or will collect about me that is necessary to receive Desjardins Securities' advisory services.

This personal information may include information about my accounts, balances and deposits, my transactions and operations, the products I hold, my financial profile, my financial plan, or any other information that is relevant to the delivery of the services offered by Desjardins Securities.

This consent is valid for the period required by Desjardins Securities to perform the advisory services I have requested. I may withdraw my consent at any time by advising my investment advisor or representative.

### SECTION 3 – Signature

\_\_\_\_\_  
Name of client or authorized representative of the entity  
(please print)

X

\_\_\_\_\_  
Signature of client or authorized representative of the entity

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Name of client or authorized representative of the entity  
(please print)

X

\_\_\_\_\_  
Signature of client or authorized representative of the entity

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Name of client or authorized representative of the entity  
(please print)

X

\_\_\_\_\_  
Signature of client or authorized representative of the entity

\_\_\_\_\_  
Date (YYYY-MM-DD)

#### Declaration by advisor or representative (to be completed in lieu of client signature)

I, the undersigned advisor or representative, certify that I have confirmed the client's choice concerning disclosure of their personal information during:

an in-person meeting  a telephone conversation  an online meeting

Date of conversation with the client: \_\_\_\_\_  
(YYYY-MM-DD)

\_\_\_\_\_  
Name of Advisor or representative  
(please print)

X

\_\_\_\_\_  
Signature of Advisor or representative

\_\_\_\_\_  
Date (YYYY-MM-DD)