

Client number **i IMPORTANT: The duly completed form must be sent to the Head of Compliance for approval.**

In accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA)*, Desjardins Securities Inc. must take reasonable measures to determine whether the account is to be used by a third party or on its behalf. A third party is a person or entity that directs the activities of the account and that is neither the owner nor the person authorized¹ to give instructions for this account.

¹ The person for whom an account is administered via a deed, judgment or any similar document (trading authorization, mandate, proxy, etc.) is not required to complete this form.

Account holder information Mr. Ms. Last name: _____ First name: _____ Mr. Ms. Last name: _____ First name: _____ Mr. Ms. Last name: _____ First name: _____

Or entity's name: _____

Attn: _____

Third party information**The third party is:** an individual a legal entity Mr. Ms. Last name: _____ First name: _____

Or entity's name: _____

Attn: _____

Incorporation or registration number: _____ Place of issuance of the certificate of incorporation: _____

Type of Business: _____

Home address

No. and street: _____ Apt./Suite: _____

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

Other information

Date of birth (YYYY-MM-DD): _____ Relationship with the client: _____

Occupation: _____

Telephone (business): _____ Telephone (home): _____ Telephone (mobile): _____

Comments:**Signature**_____
Name of client or authorized representative of the entity (in block letters)**X**_____
Signature of client or authorized representative of the entity_____
Date (YYYY-MM-DD)_____
Name of client or authorized representative of the entity (in block letters)**X**_____
Signature of client or authorized representative of the entity_____
Date (YYYY-MM-DD)_____
Name of client or authorized representative of the entity (in block letters)**X**_____
Signature of client or authorized representative of the entity_____
Date (YYYY-MM-DD)**Reserved for Head of Compliance****Account approval**_____
Name (in block letters)**X**_____
Signature_____
Date (YYYY-MM-DD)