

Account number

Section 1 – Account holder information

Mr. Ms. Last name: _____ First name: _____
 Or entity's name: _____
 Attn.: _____

Other account holder information (if applicable)

Mr. Ms. Last name: _____ First name: _____
 Mr. Ms. Last name: _____ First name: _____

Section 2 – Transfer request instruction (check only one box)

Total mixed (indicate the assets to be sold and transferred as is below) **Partial** (specify assets to be transferred below)

Description (investment name)	Security Symbol and/or Policy (CUSIP)	Quantity or amount	In Kind (as is)	In Cash (to sell)	At maturity (no sales)	Maturity Date (YYYY-MM-DD)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Important: Please attach as many copies as required of the present form duly completed and signed.

Section 3 – Consent and signatures

I hereby authorize you to transfer to Desjardins Securities my accounts held at your financial institution, in accordance with the instructions in section 2 of this form. I authorize Desjardins Securities to receive the balance, and all securities held in my accounts, including overdrawn securities that will be delivered for payment by Desjardins Securities. These instructions are subject to Desjardins Securities' approval of my accounts, which reserves the right to refuse certain securities.

I revoke all open orders for my accounts. However, when a cash transfer is requested, I authorize all necessary orders to be placed at the market price. I agree to pay all fees, as well as any discrepancies or adjustments that may arise in connection with this request.

I authorize Desjardins Securities to act on my behalf to pay these amounts, which will then be deducted from my account balance. If, for any reason whatsoever, assets in my accounts cannot be delivered to Desjardins Securities, I request that Desjardins Securities be notified in writing immediately, identifying the assets involved and the reason for your inability to deliver them.

I understand that Desjardins Securities may not accept a transfer from another dealer member if that account is not covered in compliance with regulatory requirements, unless, at the time of the transfer, Desjardins Securities has sufficient funds or a guarantee to my credit to cover the insufficient funds in the account.

For a transfer from an RRSP to an FHSA: I certify that the amount transferred does not result in an excess FHSA amount.

For a Spousal or Common-Law Partner RRSP Transfer to an FHSA: I understand that if I intend to transfer property from a spousal or common-law partner RRSP under which I am the annuitant, I am not permitted to transfer any amounts from the RRSP if my spouse or common-law partner has contributed any amounts to any of my spousal or common-law partner RRSPs during the current year or the two preceding calendar years. If I make such a transfer, the amount of the transfer will be a taxable withdrawal from my RRSP and a new contribution to my FHSA.

For an FHSA Transfer to an RRSP or RRIF: I understand that if I have an excess FHSA amount at the time of the transfer and I transfer property from my FHSA to my RRSP or RRIF, any portion of the amount transferred that exceeds the total fair market value (FMV) of all the property held in all of my FHSAs at the time of the transfer minus the excess FHSA amount at the time of the transfer, will be treated as both:

- a taxable withdrawal from my FHSA, which must be included as income on my income tax and benefit return for the year of the transfer, and
- a new RRSP contribution at the time of the transfer to my RRSP or RRIF.

_____ 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)
_____ Name of irrevocable beneficiary*, if applicable (in block letters)	X	_____ Signature of irrevocable beneficiary, if applicable	_____ Date (YYYY-MM-DD)

*Mandatory for FTA RRSP account.