

Please complete one form per fund family

Fund family code Fund account number if already issued: _____

Type of Subscription:

- Pre-authorized cheque (PAC) plan Systematic withdrawal plan (SWP)

Options:

- New
- Modification, please specify: _____

- Cancellation, please specify: _____

Registration of Client's Account – Nominee account

Desjardins Securities Inc., 1170 Peel Street, Suite 300, Montreal (Quebec) H3B 0A9

Brokerage account number: _____

Account Type

- | | | |
|---|---|---|
| <input type="checkbox"/> Cash account | <input type="checkbox"/> Subscriber RRSP, please specify the investment type: | Applicable only to systematic withdrawal plan (SWP) |
| <input type="checkbox"/> TFSA | <input type="checkbox"/> Annuitant's Investment (Account Owner) | |
| <input type="checkbox"/> RESP | <input type="checkbox"/> Subscriber's Investment (Spousal) | |
| <input type="checkbox"/> Annuitant RRSP | | |
| | | <input type="checkbox"/> LIRA |
| | | <input type="checkbox"/> RRIF |
| | | <input type="checkbox"/> LIF |

1. IDENTIFICATION OF CLIENT (Please use block letters)

If the client is a physical person

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

Date of birth: _____ Social insurance number: _____

If the client is a corporation or similar entity

Company name: _____ Attn.: _____

Federal business number (BN): _____ Provincial business number: _____

Home Address

Address (no. and street): _____ Apartment: _____

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

**DESJARDINS SECURITIES INC.
MONTHLY MUTUAL FUND PLAN
APPLICATION FORM**

2. DEALER AND INVESTMENT ADVISOR INFORMATION

Broker number: _____ Broker name: _____

Investment Advisor code: _____ Investment Advisor name: _____

Receiving Institution – Contact Information

 Desjardins Securities Inc.
 C/O: Client Services
 1170 Peel Street, Suite 300, Montreal (Quebec) H3B 0A9
 Telephone: 514-987-1749 or 1-888-987-1749

 Desjardins Online Brokerage
 C/O: Client Services
 1170 Peel Street, Suite 300, Montreal (Quebec) H3B 0A9
 Telephone: 1 866 873-7103

3. INVESTMENT SELECTION(S)

Fund family	Fund code	Amount (min. \$50 per fund)	Front-end fees (if applicable)
			%
			%
			%
			%

Total:

4. PAYMENT INSTRUCTIONS (Your application must be received 15 business days prior to the starting date)

 Starting date: _____
 (YYYY-MM-DD)

 Frequency:
 Weekly
 Monthly
 Quarterly

 Every 2 weeks
 Every 2 months
 Semi-annually

 Dividend option (applicable only to new PAC applications):
 Reinvest
 Cash
 Nature of pre-authorized withdrawal (PAC):
 Personal/Individual
 Business

Dividends must be paid to the broker and not directly in the client's bank account

5. FINANCIAL INSTITUTION INFORMATION

Financial institution code	Transit number	Account number

Name of financial institution: _____

Address (no. and street): _____ Suite: _____

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

Reserved for the mutual funds company

For any questions regarding this form, please contact:

6. CLIENT AUTHORIZATION**To Desjardins Securities and to the mutual fund company:**

For a pre-authorized cheque plan (PAC), I authorize the Fund Company to withdraw the indicated amount from my account at the financial institution (as indicated on the attached void cheque), under the terms and conditions agreed to by me. I confirm that all persons whose signature(s) is/are required to sign for the account have signed the authorization below. I agree to inform Desjardins Securities of any change or of the termination of this authorization **at least fifteen (15) business days (maximum 30 calendar days)** prior to the next due date of the pre-authorized debit. I understand and agree that I am solely responsible for all fees charged if a payment cannot be completed due to insufficient funds or any other reasons I may be responsible for, and acknowledge that Desjardins Securities and the Fund Company may, at their discretion and without notice, declare these instructions to be null and void. I am solely responsible to ensure that investments in my RRSP do not exceed my contribution limit as permitted by the Income Tax Act (Canada). I understand that, **in case of a Spousal RRSP plan, the contribution receipt will be issued in my name but the PAC will be considered a spousal contribution in the attribution rules.**

If this authorization covers a systematic withdrawal plan (**SWP**), I authorize the manager to sell enough units to constitute the payment(s) indicated in this authorization after deduction of applicable redemption fees. Any payment must be deposited to **my account at Desjardins Securities.**

If this authorization covers a pre-authorized purchase plan to a Mutual Fund, I understand and agree that I shall receive only once the Funds Facts document, and only after the first subscription made under the plan. To my specific request, I have the right to receive free of charge the most recently filed Funds Facts document. I understand that I can access at any time the most recently filed Funds Facts document via the SEDAR website at www.sedar.com or via the Mutual Fund's website.

In addition, it is my understanding that I do not have a right of withdrawal under securities legislation for subsequent purchases of a security of a mutual fund under the plan. However, I continue to have a right of action if there is a misrepresentation in the prospectus or any document incorporated by reference into the prospectus.

In addition, Desjardins Securities reserves the right to charge a fee of twenty-five dollars (\$25.00) when a pre-authorized debit cannot be completed due to insufficient funds (or as agreed in this authorization). Accordingly, if any such situation should occur, I authorize Desjardins Securities to debit the fee from my bank account, either separately or by adding it to the next pre-authorized withdrawal (PAC) as outlined above.

I have certain rights of recourse if a debit does not comply with the terms of this agreement. For example, I have the right to receive reimbursement of any automatic withdrawal (PAC) that is not authorized or that is not in accordance with the terms of this pre-authorized cheque plan (PAC) agreement. To obtain a sample cancellation form or for more information on my right to cancel a pre-authorized cheque plan (PAC) Agreement, a copy of the cancellation form or additional information on the right to cancel this authorization, I may contact my financial institution or visit www.cdnpay.ca.

It is within my rights to terminate the pre-authorization purchase plan at any time. Terminating this authorization and these instructions has no effect on the other agreements between us. This authorization will not take effect until it has been accepted by the head office of Desjardins Securities.

I have received a copy of this Agreement and waive any other confirmation before the first payment.

_____	X _____	_____
Applicant name	Applicant signature	Date (YYYY-MM-DD)
_____	X _____	_____
Co-applicant name in the case of a joint account, or spouse's name	Co-applicant signature in the case of a joint account, or spouse's signature	Date (YYYY-MM-DD)

Reserved for the mutual funds department of Desjardins Securities Inc.

Date (YYYY-MM-DD)