

Section 1: Identification of the Principal and the Attorney

Principal: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____ Account number: _____	
Attorney: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____ Disnat Account number (if available): _____ Social insurance number: _____ Immediate family member ¹ <input type="checkbox"/> No <input type="checkbox"/> Yes Relationship: _____	
<small>¹ Immediate family member is define as: spouses, parents, children, brothers and sisters, and any family member living under the same roof as the account holder.</small>	

I, the Principal, hereby authorize the attorney (hereinafter, the "Attorney") to act as my Attorney and I authorize him/her to place orders to buy and/or sell for any account held in my name with Disnat Inc. (including all purchase orders for security on margin, all short sale orders if a Margin Account Agreement has been entered into and signed, and any option transaction if an Option Account Agreement has been entered into and signed) and I authorize Disnat Inc. to accept and act upon such orders as if given by myself.

I authorize, without any restriction whatsoever, my Attorney to make deposits, withdrawals and transfers of funds to/for my exclusive benefit and also to deliver or receive securities registered exclusively in my name, all of the above in relation with the management of my account. I also authorize my Attorney to give instructions to Disnat Inc. pertaining to the voting and other rights attached to any shares I own and when a reorganisation notice is given for a company for which I hold securities.

I ratify in advance all decisions taken by my Attorney on the basis of this power of attorney (including all the transactions made by Disnat Inc.) and I assume full responsibility in connection with the same.

I undertake to indemnify Disnat Inc. for all losses, which I may sustain arising from errors or negligence of the above designated Attorney. I also agree that Disnat Inc. is not and will not be responsible for any loss or damage, present or future, direct or indirect, that I may incur as a result of this power of attorney.

This power of attorney shall remain in force until receipt by Disnat Inc. by registered mail of a written notice revoking this power of attorney.

The Principal retains the right to make multiple powers of attorney for property and this special power of attorney shall not revoke any other powers of attorney for property created by the Principal before or after execution of this power of attorney.

Authorization regarding online access by the Attorney

I understand and agree that my Attorney will be authorized direct access to my account through Disnat's online services if he or she so requests.

Signature of Principal Date

Signature of Attorney Date

Signature of the Branch Manager Date

*** NOTICE TO THE ATTORNEY ***
Please complete the next page of this form

RESERVED FOR ADMINISTRATION	CLIENT ID	<input type="text"/>	CODE	<input type="text"/>
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Principal's Disnat account no.: _____

Section 2: Personal Information

Mr. Ms. Surname: _____ First name: _____

Date of birth (dd-mm-yyyy): _____

Home Address

Number and street: _____ Apt.: _____

City: _____ Province: _____

Country: _____ Postal code: _____

Home telephone: (_____) _____ - _____ Business telephone: (_____) _____ - _____

Occupation: _____ Employer's name: _____

Type of business: _____

Is the Attorney:

a) a reporting insider of a company whose shares are traded on a stock exchange or in over-the-counter markets?

No Yes Name of the company, stock symbol and market: _____

b) a significant shareholder (holding separately, or in combination with other persons, more than 20% of the outstanding voting securities) of such a company?

No Yes Name of the company, stock symbol and market: _____

Financial Institution:

Name: _____ Phone no.: (_____) _____ - _____

Address: _____

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

Section 3: Consent for retrieval and use of personal information for the purpose of identity verification

I authorize my financial institution, as well as Disnat Inc., to use personal information as regards my person, solely for the purposes of identity verification under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and to no other end. To this end, I authorize bilateral communication regarding the personal information on this form.

Signature of Attorney _____ **Date** _____

VERIFICATION OF IDENTITY under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

Please complete section 4 or 5.

Section 4 Reserved for the caisse Desjardins advisor / Disnat representative (check only one box)

Attorney met in person (original, unexpired identification documents):

Driver's licence Passport Health insurance card¹

Document number: _____ Expiration date: ____/____/____

Indicate the issuing province: _____

¹: Not accepted if issued in Ontario, Manitoba or Prince Edward Island.

Section 5 Reserved for the Disnat representative

Attorney not met in person (two (2) identification documents are required among the following methods):

Equifax (attach Equifax verification document) Date requested: ____/____/____

Attestation (photocopy of an identification document bearing attestation that an original identification document for the Attorney has been seen by a commissioner of oaths or guarantor)

Verification of bank references Date requested: ____/____/____

Contact: _____ Phone no.: (_____) _____ - _____

If the Attorney is not a Canadian resident, the verification of identity must be referred to the Compliance Department, Securities, Desjardins Group. Please obtain a photocopy of the passport and attach the photocopy to form D204. Then send these documents to: conformite@vmd.desjardins.com

Name of the employee who performed the identity check

Signature of the employee who performed the identity check