



Master Your Trades.

Disnat is a division of Desjardins Securities.

Non-Registered Account Transfer Authorization

To: _____
 (Name and address of delivering institution)

CLIENT'S NAME*: _____
 ADDRESS: _____

 Social insurance number*: _____

* For joint accounts, indicate the name and S.I.N. of each holder.

I hereby authorize you to transfer to Disnat my account(s) held at your financial institution, in accordance with the directions on this form. I authorize Disnat to receive the debit or credit balance and all securities in my account(s), including short securities. The short securities shall be delivered against payment by Disnat. These directions are subject to approval of my account(s) by Disnat.

| | ACCOUNT NUMBERS AT DELIVERING INSTITUTION | ACCOUNT NUMBERS AT DISNAT | TYPE OF ACCOUNT | CURRENCY |
|----|---|---------------------------|-----------------|----------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

1. I request the account be transferred in **full**: In kind. (cash and securities)
 in cash \$_____. ____ (estimate)

2. I request the account be transferred in **part**: securities below
 in cash \$_____. ____

| Quantity | Description | Quantity | Description |
|----------|-------------|----------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I revoke all open orders relating to my account. However, for a cash transfer request, I authorize the filling of all required orders at market price.

I agree to pay all costs, including differences and adjustments, that might arise in relation to this request. I authorize Disnat to act on my behalf to pay such amounts, which will then be deducted from my account balance(s).

If for any reason whatsoever a security held in my account cannot be delivered to Disnat, I ask that Disnat be advised immediately, identifying the security(ies) in question and providing the reason why you are unable to delivered them.

 Date Client's signature

 Date Client's signature (joint account)

| | | | |
|------------------------|---|---|--|
| Receiving institution: | Desjardins Securities Inc. ATTN: CSPSAG – Transfers c.c. 1820 1 Complexe Desjardins P. O. Box 800, Desjardins Station Montreal, Quebec H5B 0B1 | CUID CDS DTC Investment Funds Phone number | VMDM 5028 9356-_____ (514) 286-5889 or 1 877 286-5889 |
|------------------------|---|---|--|

INVESTMENT FUNDS REGISTRATION: Any additional account information is not to be modified.

ACCOUNT MANAGEMENT AND TRANSFERS DEPT

 Date Signature of authorized person Title or Position