

Master Your Trades.
Disnat is a division of Desjardins Securities.

THIS IDENTIFICATION MUST BE COMPLETED BEFORE THE ACCOUNT CAN BE OPENED
This form is reserved for identification of natural persons who are indirect beneficial owners of the Client.

Client's name: _____

Account number: _____ Date: _____

Name of the corporation or similar entity to be identified : _____

Please describe this corporation or similar entity:
Beneficial owner who owns **directly** (_____%) of the Client or other: _____

Beneficial owner who owns **indirectly** (_____%) of the Client or other: _____

Number of beneficial owner(s) of this corporation or similar entity to be identified:

_____ number natural person who owns **directly** more than 10% of this corporation or similar entity (please identify them using this form and form D262C).

_____ number corporation or similar entity that owns **directly** more than 10% of this corporation or similar entity (please identify them using this form)

Please check the box corresponding to the status of the person whose identity is to be verified:

shareholder associate trust constituent trust beneficiary member of an investment club

Mr. Ms Surname: _____ First name: _____ Social insurance number: _____

Percentage **directly** _____%, **indirectly** _____% of the corporation or similar entity to be identified. If owned indirectly, please specify: _____

Home address: Number & street: _____ Apt.: _____ City: _____

Province: _____ Country: _____ Postal code: _____

For tax purposes, is the province/country of filing the same as for your residential address? No Yes, please specify: _____

Home telephone: (_____) _____ - _____

Occupation: _____ Employer's name: _____

Are you :

b) 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 outstanding voting securities) such a company ?

no yes Name of the company, stock symbol and market : _____

I, the undersigned, certify (i) that I am a duly authorized representative of the Client; (ii) that the necessary verifications have been made in order to identify the ownership and control structure of the Client as well as the identity of every natural person who owns, directly or indirectly, more than 10% of the Client. If the Client is a trust, I certify that the necessary verifications were made to determine the settler of the trust and all known beneficiaries of more than 10% of the trust; (iii) that the information provided herein is true, complete and exact as of the date of the present document and I authorize Disnat to make all the verifications it deems necessary to confirm this information; and (iv) I agree to inform Disnat without delay of any important change regarding the information included herein, including those relating to the beneficial ownership of the Client, or to the information transmitted herein. This information will be kept for as long as Disnat requires such information for the purposes stated herein.

I certify that I have read and understand the text that precedes this and that I have obtained the authorization of the natural persons impacted by the collection, use and communication by Disnat of personal information for the purposes outlined in the present consent form and in the Disnat Policy on the protection of Clients' personal information.

I, the undersigned, certify that I have read form D262 and confirm that the personal information it contains are true, complete and exact as of the date of the present document.

I authorize Disnat to collect, use and divulge personal information regarding my identity to protect itself against fraud and errors and in order to conform to the requirements outlined in the law and in regulations.

Name of Beneficial Owner or of one of the authorized managers _____ **Signature of Beneficial Owner or of one of the authorized managers** _____

RESERVED FOR ADMINISTRATION **CLIENT ID** **CODE**



Identification of Beneficial Owners Natural person who directly owns the Client

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Client's name: _____
Account number: _____ Date: _____

Beneficial Owner:

Mr. Ms Surname: _____ First name: _____ Date of birth (yyy-mm-dd): _____
Social insurance number: _____

Please check the box corresponding to the status of the person whose identity is to be verified:

shareholder associate trust constituent trust beneficiary trustee of a trust member of an investment club

Financial Institution of Beneficial Owner:

Name: _____ Phone number: (____) _____ - _____
Address: _____
Transit no. : _____ Institution no. : _____ Account no.: _____

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

I authorize my financial institution, as well as Disnat or a Desjardins caisse, 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 for no other end. For this purpose, I authorize bilateral communication regarding the personal information on this form between the institutions.

Signature of Beneficial Owners _____

Date _____

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

Identified person living in Canada.

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

Beneficial Owner met in person (original, unexpired identification documents):

Driver's licence¹ Passport Health insurance card¹⁻²

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

- 1. Indicate the issuing province: _____
- 2. Not accepted in Ontario, Manitoba or Prince Edward Island.

Reserved for Disnat representative

Beneficial Owner NOT met in person (two (2) identification documents required among the following methods):

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

Certification (photocopy of sworn identification document) Date requested: ____/____/____

Check bank references Date requested: ____/____/____

Contact: _____ Phone number: (____) _____ - _____

Reserved for Caisse Desjardins advisor / Disnat representative

Identified person living outside Canada:

If the Beneficial Owner 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 D262A or D262B. Then send these documents to: conformite@vmd.desjardins.com

IDENTIFICATION OF CAISSE ADVISOR / DISNAT REPRESENTATIVE WHO CONDUCTED CLIENT IDENTITY VERIFICATION

I, the undersigned, certify that I have contacted each person mentioned on this form to gather certain personal information. Each person gave his/her express consent for the use of this information by Disnat to establish and verify his/her identity, as required by Canadian securities regulations.

Name of the Caisse Desjardins advisor /Disnat representative

Signature of the Caisse Desjardins advisor /Disnat representative

RESERVED FOR ADMINISTRATION

CLIENT ID

CODE



Identification of Beneficial Owners
Natural person who directly owns the Client

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THIS IDENTIFICATION MUST BE COMPLETED BEFORE THE ACCOUNT CAN BE OPENED
This form is reserved for identification of non-owner directors of the Client.

Name of the Client:
Account Number: Date:

Mr. Ms. Family Name: Surname:
Social Insurance Number: No. and Street:
Apt.: City: Province:
Country: Postal Code: Home Telephone No.:
Occupation: Name of the Employer:

Mr. Ms. Family Name: Surname:
Social Insurance Number: No. and Street:
Apt.: City: Province:
Country: Postal Code: Home Telephone No.:
Occupation: Name of the Employer:

Mr. Ms. Family Name: Surname:
Social Insurance Number: No. and Street:
Apt.: City: Province:
Country: Postal Code: Home Telephone No.:
Occupation: Name of the Employer:

Mr. Ms. Family Name: Surname:
Social Insurance Number: No. and Street:
Apt.: City: Province:
Country: Postal Code: Home Telephone No.:
Occupation: Name of the Employer:

I the undersigned certify i) that I am a duly authorized representative of the Client; ii) that I have made the necessary verifications in order to identify the directors. I certify that I have made the necessary verifications in order to determine that the information provided herein is true, accurate and complete as of the date hereof and I authorize Disnat to make any verifications it deems necessary to confirm said information; and I agree to notify Disnat without delay of any material change concerning the information contained or communicated herein. Said information shall be kept for as long as Disnat needs it for the purposes set forth herein.

I acknowledge having read the foregoing and having obtained the authorizations from the natural persons concerned by the collection, use and communication by Disnat of personal information for the purposes set forth in the present consent and in the Disnat Policy on protection of Client's personal information.

I the undersigned certify that I have read Form D262 and confirm that the information it contains is true, complete and accurate as of the date hereof.

I authorize Disnat to collect, use and disclose said information in order to verify identification, protect itself against fraud and errors, and comply with statutory and regulatory requirements.

Name of the Authorized Officer Signature of the Authorized Officer

RESERVED FOR ADMINISTRATION CLIENT ID CODE