

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

Person whose identity is verified:

Mr. Ms Surname: _____ First name: _____
 Social insurance number: _____ Date of birth: ____/____/____
 Home Address
 Number & street: _____ Apt.: _____
 City: _____ Province: _____ Country: _____ Postal code: _____
 Home telephone: (____) _____ - _____ Business telephone: (____) _____ - _____

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

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

 Signature of the person authorized to transact

 Date

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

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

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

 Certification (photocopy of sworn identification document)

 Check bank references

Financial Institution: Name: _____ Phone number: (____) _____ - _____

Address: _____

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

Verification: Contact: _____ Telephone No: (____) _____ - _____

RESERVED FOR ADMINISTRATION
CLIENT ID

CODE