

**Section 1 – Identification of the Principal and the Attorney****Principal**

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Client number<sup>1</sup>: | | | | |

**Attorney**

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Client number<sup>1</sup>: | | | | |  
(if applicable)

The Attorney must be an immediate family member<sup>2</sup> Relationship: \_\_\_\_\_

<sup>1</sup> The first 5 characters of the account number

<sup>2</sup> Immediate family member is defined as: spouses, parents, children, brothers, sisters and any family member living under the same roof as the account holder.

**Consent**

I, the undersigned (the Principal), hereby authorize the attorney to act as my Attorney and I authorize them to place orders to buy and/or sell for any account held in my name with Desjardins Online Brokerage (including all purchase orders for security on margin, all short sale orders if a Margin Account Agreement has been entered into and signed by me, and any option transactions if an Option Account Agreement has been entered into and signed by me and I authorize Desjardins Online Brokerage to accept and act upon such orders as if given by me.

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, in relation to the management of my account. I also authorize my Attorney to give instructions to Desjardins Online Brokerage pertaining to the voting and other rights attached to any shares I own and when a reorganization 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 Desjardins Online Brokerage) and I assume full responsibility in connection with the same.

I agree to hold harmless Desjardins Online Brokerage for any losses, I may sustain arising from errors or negligence of the above designated Attorney. I also agree that Desjardins Online Brokerage is not and will not be responsible for any losses 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 Desjardins Online Brokerage receives written notice revoking it.

The Principal retains the right to make multiple powers of attorney for property and this 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 my Attorney and consent to disclose my personal information**

If my Attorney has a Desjardins Online Brokerage account, I understand and agree that they can access my account through their own account, upon request. I consent to the disclosure of the personal information that appears in my account and in the following documents: transaction confirmations, portfolio statements, tax statements, yearly securities transaction summaries and any other document related to the administration of my account.

This access will be revoked upon termination of this power of attorney.

\_\_\_\_\_  
Name of Principal (block letters) Signature of Principal Date (YYYY-MM-DD)

\_\_\_\_\_  
Name of Attorney (block letters) Signature of Attorney Date (YYYY-MM-DD)



## INFORMATION REGARDING THE ATTORNEY

## Section 4 – Identity verification (Canadian resident only)

Identity verification is required under the *Proceeds of Crime (Money Laundering), the Terrorist Financing Act* (PCMLTFA).

## Identity verification done by:

Desjardins Online Brokerage  Caisse Desjardins (use Method 1: In-person identity verification)

Name of the Caisse Desjardins: \_\_\_\_\_ Transit No.: \_\_\_\_\_ Institution No.: \_\_\_\_\_

Name of Advisor: \_\_\_\_\_ Verification date (YYYY-MM-DD): \_\_\_\_\_

Legible copies **must** be attached in all cases:

- Documents collected to verify the identity of the client (PCMLTFA requirement)

## Complete one of the two sections below, based on the method of identification used

## Method 1: In-person identity verification

Verification of one piece of original government-issued photo ID:

Driver's licence<sup>1</sup>  Health insurance card<sup>1-2</sup>  Passport<sup>3</sup> (issuing country: \_\_\_\_\_)  
 Provincial or territorial ID card (e.g.: "Photo Card")<sup>1</sup>  Canadian permanent resident (PR) card  Secure Certificate of Indian status

Document No.: \_\_\_\_\_ Expiry date (YYYY-MM-DD): \_\_\_\_\_

<sup>1</sup> Indicate the issuing **Canadian** province or territory: \_\_\_\_\_

<sup>2</sup> Not valid in Ontario, New Brunswick, Nova Scotia, Manitoba or Prince Edward Island.

<sup>3</sup> A certified translation may be required.

## Method 2: In-person or other identity verification

Equifax (existing for **more than three years** including name, address and date of birth)

File No.: \_\_\_\_\_ Request date (YYYY-MM-DD): \_\_\_\_\_

OR verification through **two of the following three options**:

1)  Equifax (existing for **more than six months** including name, address and date of birth)

File No.: \_\_\_\_\_ Request date (YYYY-MM-DD): \_\_\_\_\_

2)  Original utility bill (e.g.: hydro, phone, internet); **OR**

Original Canada Revenue Agency document (e.g.: T4)

Document No.: \_\_\_\_\_ Document date (YYYY-MM-DD): \_\_\_\_\_

3)  Original bank, credit card or loan statement

Document No.: \_\_\_\_\_ Document date (YYYY-MM-DD): \_\_\_\_\_; **OR**

Bank reference

Name of financial institution: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Transit No.: \_\_\_\_\_ Institution No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Contact name: \_\_\_\_\_ Verification Date (YYYY-MM-DD): \_\_\_\_\_

Note: The original version is the document that the person has downloaded or received from the issuer, either by mail or email.

## Desjardins Online Brokerage signatures

Date of identity verification of the attorney from the information provided by the Caisse Desjardins (YYYY-MM-DD): \_\_\_\_\_

\_\_\_\_\_  
Representative's name (in block letters)

\_\_\_\_\_  
Representative's signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Branch manager's name (in block letters)

\_\_\_\_\_  
Branch manager's signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

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