

**Excerpt of a resolution of the board of directors of**

\_\_\_\_\_ Name of the entity (hereinafter the "Client") \_\_\_\_\_ Client number  
adopted on \_\_\_\_\_ Date (YYYY-MM-DD)

**In order to comply with applicable Securities Regulations, would you please provide us with a copy of the constating documents of your corporation or similar entity, for example, the articles of incorporation and by-laws.**

**Account opening**

"IT WAS UNANIMOUSLY RESOLVED THAT all of the officers mentioned hereafter,

Last name	First name	Title

are, hereby, authorized to open an account (please specify the account type):

cash  margin  margin options  short margin options

at Desjardins Online Brokerage, and to sign on behalf and in the name of the entity all related documents to administer such account."

**Authorization to act**

"IT WAS ALSO UNANIMOUSLY RESOLVED THAT all of the officers mentioned hereafter,

Last name	First name	Title

are, hereby, authorized and fully empowered to buy, sell, assign and transfer all deposit certificates, bonds, and other securities certificates which are or will be registered in the name of the entity from time to time.

It was also resolved that any and all such transfers of securities that are or will be so registered, be executed, ratified and confirmed by one of the abovementioned authorized individuals."

**Consent and signatures**

We, the undersigned, \_\_\_\_\_, President and \_\_\_\_\_  
President's name or sole shareholder's name Secretary's name (optional for a sole shareholder)

Secretary of the entity certify that the abovementioned excerpts are consistent with the resolutions "Account opening" and "Authorization to act" adopted by the Board of Directors on \_\_\_\_\_ Date (YYYY-MM-DD)

We also certify that since then, no modification was made to the said resolutions which remain in full force.

Signed at \_\_\_\_\_ on \_\_\_\_\_  
City Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of President or sole shareholder

\_\_\_\_\_  
Signature of Secretary (optional for a sole shareholder)

**INFORMATION REGARDING THE AUTHORIZED AGENT OF THE ENTITY**

(please complete one form by authorized agent whose identity verification is not documented on the D262 form)

Client's name: \_\_\_\_\_ Client number: \_\_\_\_\_

**Person whose identity is checked** Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_**Home Address**

Number and street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Other information**Date of birth: \_\_\_\_\_ Social insurance number: \_\_\_\_\_ Citizenship:  Canada  U.S. Other: \_\_\_\_\_  
(YYYY-MM-DD)

Primary phone number: \_\_\_\_\_ Additional phone number: \_\_\_\_\_

**Occupation and employer**

Occupation: \_\_\_\_\_ Employer's name: \_\_\_\_\_

Sector of activity: \_\_\_\_\_

**Questions**

1) Is the Attorney an employee of a securities dealer?

 No  Yes, name of the dealer: \_\_\_\_\_

2) Is the Attorney a reporting insider of a company whose shares are traded on a stock exchange or an over the-counter market?

 No  Yes, please specify the company name, the stock symbol and the market:

Company name \_\_\_\_\_, Stock symbol \_\_\_\_\_, Market \_\_\_\_\_

3) Is the Attorney is a major shareholder (owning, directly or indirectly, more than 20% of shares with voting rights)?

 No  Yes, please specify the company name, the stock symbol and the market:

Company name \_\_\_\_\_, Stock symbol \_\_\_\_\_, Market \_\_\_\_\_

**Consent And Certification**

I, the undersigned, attest that I have reviewed Form D239 and confirm that the personal information it contains about me is true, complete and accurate as of this date. I authorize Desjardins Online Brokerage to gather, use and disclose the personal information about me to check my identity, protect itself against fraud and error, and comply with the requirements set out in the laws and regulations. I authorize my financial institution as well as Desjardins Online Brokerage to use certain personal information about me solely to check my identity under the terms of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and for no other purpose. To this end, I authorize the communication of by either side of the personal information appearing on this form.

\_\_\_\_\_  
Name of the authorized agent of the entity (in block letter)\_\_\_\_\_  
Signature of the authorized agent of the entity\_\_\_\_\_  
Date (YYYY-MM-DD)

## INFORMATION REGARDING THE AUTHORIZED AGENT OF THE ENTITY

IDENTITY VERIFICATION is required under the Proceeds of Crime (Money Laundering), the Terrorist Financing Act (PCMLTFA) and the Internal Revenue Service (IRS).

### Client resident of Canada

**Identity verification by** (reserved for Caisse Desjardins Advisor / Desjardins Online Brokerage Representative):

Desjardins Online Brokerage  Caisse Desjardins (please complete method 1: Identity verification done in person)

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

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

#### Legible copies **must** be attached at all times:

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

### Complete one [1] of the two sections below, according to the method of identification used

#### Method 1: Identity verification done in person

Verification of ONE [1] piece of 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 identity card (ex: "Photo Card")<sup>1</sup>  permanent Resident Card of Canada  secure Certificate of Indian Status

Document No.: \_\_\_\_\_ Expiry Date (YYYY-MM-DD): \_\_\_\_\_ Verification 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: Identity verification done in person or not

Equifax (existing for **more than three (3) years** including name, address and date of birth)

File No.: \_\_\_\_\_ Verification Date (YYYY-MM-DD): \_\_\_\_\_

**OR**

verification of **two [2] of the following three [3] options:**

1)  Equifax (existing for **more than six (6) months** including name, address and date of birth)

File No.: \_\_\_\_\_ Verification Date (YYYY-MM-DD): \_\_\_\_\_

2)  Original utility account statement (ex: electricity, telecommunications, etc.)

**OR**  Original document from the Canada Revenue Agency (ex: T4)

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

3)  Original bank account statement, credit card statement or loan statement:

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

**OR**  Bank reference

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

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

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

Note: the original version corresponds to the document that the person has downloaded or received from the issuer, either by mail or electronically.

### Signature (reserved for Desjardins Online Brokerage)

Date of identity verification of authorized agent from the information provided by Caisse Desjardins (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Name of the representative (in block letters)

\_\_\_\_\_  
Signature of the representative

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

\_\_\_\_\_  
Name of Branch Manager (in block letters)

\_\_\_\_\_  
Signature of Branch Manager

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

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