

CUSTOMER INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms	Last name :	First name :
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SPOUSE INFORMATION (To be filled out only for spousal RRSP)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms	Last name :	First name :
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We offer the choice of up to five automatic withdrawals per customer. You can choose different accounts for each withdrawal. Please indicate your choice(s) by filling out the section(s) below. Deposits may be made to the following accounts: Canadian cash, Canadian margin, Canadian options margin, RESP, RRSP, and TFSA.

PAYEE – Contact information

Name of organization: <u>DESJARDINS ONLINE BROKERAGE</u>	c/o: <u>CLIENT SERVICES</u>
Address (street, city, province, postal code) : <u>1170 Peel Street, Suite 105, Montreal Qc H3B 0A9</u>	
Telephone :	<u>1 866 873-7103</u>

First withdrawal choice: Preauthorized debit from the bank account of the Customer Spouse*

Name of financial institution: _____

Institution N°: _____ Transit N°: _____ Account N°: _____

Frequency: Weekly Monthly Quarterly Annual Amount: \$ _____

Contributions made by: • RRSP: Annuitant Spouse • RESP: Subscriber

• TFSA: Account holder • Regular account deposit: By customer

Date of first withdrawal: _____

Customer's Desjardins Online Brokerage account N°: _____

(YYYY-MM-DD)

Second withdrawal choice: Preauthorized debit from the bank account of the Customer Spouse*

Name of financial institution: _____

Institution N°: _____ Transit N°: _____ Account N°: _____

Frequency: Weekly Monthly Quarterly Annual Amount: \$ _____

Contributions made by: • RRSP: Annuitant Spouse • RESP: Subscriber

• TFSA: Account holder • Regular account deposit: By customer

Date of first withdrawal: _____

Customer's Desjardins Online Brokerage account N°: _____

(YYYY-MM-DD)

Third withdrawal choice: Preauthorized debit from the bank account of the Customer Spouse*

Name of financial institution: _____

Institution N°: _____ Transit N°: _____ Account N°: _____

Frequency: Weekly Monthly Quarterly Annual Amount: \$ _____

Contributions made by: • RRSP: Annuitant Spouse • RESP: Subscriber

• TFSA: Account holder • Regular account deposit: By customer

Date of first withdrawal: _____

Customer's Desjardins Online Brokerage account N°: _____

(YYYY-MM-DD)

* Only possible in the case of a spousal RRSP contribution.

See the back of this form for the fourth and fifth withdrawal choices.

IMPORTANT

After indicating your withdrawal choice(s), please sign the back of this form.

Fourth withdrawal choice: Preauthorized debit from the bank account of the Customer Spouse*

Name of financial institution: _____

Institution N°: _____ Transit N°: _____ Account N°: _____

Frequency: Weekly Monthly Quarterly Annual Amount: \$ _____

Contributions made by: • RRSP: Annuitant Spouse • RESP: Subscriber
 • TFSA: Account holder • Regular account deposit: By customer

Date of first withdrawal:

_____ Customer's Desjardins Online Brokerage account N°: _____
 (YYYY-MM-DD)

Fifth withdrawal choice: Preauthorized debit from the bank account of the Customer Spouse*

Name of financial institution: _____

Institution N°: _____ Transit N°: _____ Account N°: _____

Frequency: Weekly Monthly Quarterly Annual Amount: \$ _____

Contributions made by: • RRSP: Annuitant Spouse • RESP: Subscriber
 • TFSA: Account holder • Regular account deposit: By customer

Date of first withdrawal:

_____ Customer's Desjardins Online Brokerage account N°: _____
 (YYYY-MM-DD)

* Only possible in the case of a spousal RRSP contribution.

I (We) hereby authorize, Desjardins Online Brokerage, to make periodic automatic withdrawals from my (our) account(s) mentioned above, held at the financial institution(s) shown, based on the terms on the other side of this form.

Which together constitutes a personal/individual automatic withdrawal business automatic withdrawal

 Customer's signature Date Spouse's signature (if applicable) Date

PLEASE FILL OUT THIS FORM AND RETURN IT TO US ACCOMPANIED BY A PERSONAL CHEQUE OR CHEQUES FROM YOUR CANADIAN FINANCIAL INSTITUTION(S) MARKED "VOID" TO AVOID ANY TRANSCRIPT ERROR.

TERMS

I retain my right to revoke my authorization at any time, with a pre-notification of 15 days (maximum 30 calendar days). To obtain a sample cancellation form or for more information on my right to cancel an automatic withdrawal Agreement, I may contact my financial institution or visit the Canadian Payments Association Web site at www.cdnpay.ca. I agree to release my financial institution of any liability if the revocation is not respected except in the case of gross negligence on its part.

I agree that revocation of this Authorization does not terminate any agreement that exists between Desjardins Online Brokerage and me. This authorization will not be effective as long as it is not accepted by Desjardins Online Brokerage head office.

I shall inform Desjardins Online Brokerage of any change in writing at least 10 working days before the automatic withdrawal date. I accept that the financial institution(s) where I (we) hold my (our) account(s) is not required to verify if the payment is withdrawn in accordance with the authorization.

I recognize that issuing this authorization to DSI is equivalent to issuing it to the financial institution(s) shown on this form.

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any automatic withdrawal that is not authorized or that is not compatible with the terms of this automatic withdrawal Agreement. For more information on my rights of recourse, I may contact my financial institution or visit www.cdnpay.ca.

I have received a copy of this Agreement and waive all other confirmation before the first payment.

REGULATION

The financial institution(s) will reimburse to me on behalf of DSI, within 90 days of the withdrawal, any amounts withdrawn in error for any of the following reasons:

- a) I (We) never provided written authorization to Desjardins Online Brokerage.
- b) The automatic withdrawal was not made in accordance with my (our) authorization(s).
- c) My (Our) authorization was revoked.
- d) The automatic withdrawal was made from the wrong account because of an error by Desjardins Online Brokerage.

I (We) understand that I (we) must make a written statement to this effect to my financial institution on the form that it will be provided to me.