



**DESJARDINS SECURITIES INC.
CONSENT TO COMMUNICATION OF
PERSONAL INFORMATION –
PERSON WITH DISABILITIES ACCOMPANIED BY A SUPPORT PERSON**

I undersigned, _____, declare the following:
Client's name (block letters)

1. I am a client having a business relation with:

Hereafter Desjardins Securities Inc.

2. I am accompanied by a support person of my choosing and this person is named:

Support person's name (block letters)

3. The representative(s) of Desjardins Securities Inc. will disclose personal information concerning me in the presence of the support person named above.

4. I consent that Desjardins Securities Inc. communicate my personal information to the support person named above only in my presence.

5. The present "Consent to communication of personal information" form is valid until it is expressly revoked by me, by written notice provided to Desjardins Securities Inc.

Signed at _____, on _____
City Date (YYYY-MM-DD)

CLIENT

By : _____
Signature of the client Client's name (block letters)

Note: Keep original signed copy in the Client's file