

Non-registered Account Transfer-in Instructions

Schedule: List of additional securities

| Client's identification | | | | |
|---|--|---|---------------------|--------------------------------------|
| Client's identification (Please write in block lette | | | | |
| Mr. Ms. Last name: | | First name: | | |
| Or entity's name: | | | | |
| Attn.: | | | | |
| Account number: | | Social insurance i | number: | |
| Transfer requested | | | | |
| \square Total transfer mixed: available cash and specific all | securities in kind and s | ecurities to sell indicated | in the table belo | WC |
| Partial transfer: cash transfer \$, a | and/or specify which se | curities to transfer in kind | d and/or to sell in | the table below |
| Description | | Symbol or cusip | Quantity | Туре |
| | | | | ☐ in kind ☐ sell ☐ at maturity |
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| (i) Attach as many schedules as requiredwith your | prefilled D208 form | | ' | |
| | | | | |
| Consent I hereby authorize you to transfer to Desjardins Online Brokerage to receive securities shall be delivered against payment by Desjard Online Brokerage. Desjardins Online Brokerage reserves | the debit or credit bala dins Online Brokerage. | ince and all securities in in These directions are subj | my account(s), ir | ncluding short securities. The short |
| I revoke all open orders relating to my account. Howe | ever, for a cash transf | er request, I authorize tl | ne filling of all r | equired orders at market price. |
| I agree to pay all costs, including differences and adjust | tments that might arise | in relation to this request. | | |
| I authorize Desjardins Online Brokerage to act on my be reason whatsoever a security held in my account cannot immediately, identifying the security(ies) in question and | t be delivered to Desjar | dins Online Brokerage, I | ask that Desjard | () |
| Warning: Desjardins Online Brokerage cannot accept the compliance with regulatory requirements, unless at the trigular guarantee to the client's credit to cover the shortfall in the | ime of the transfer, Des | | | |
| Please send us a copy of your most recent statement | t to facilitate the trans | fer process | | |
| | | | | |
| X Client's signature | Date (YYYY-MM-DD) | X Client's signature (joint a | ccount)* | Date (YYYY-MM-DD)* |
| *For joint accounts | | | | |