

**i This form must be filled out before the account is opened**

**Identification of the Entity**

Name of the entity ("Client"): \_\_\_\_\_ Account number: \_\_\_\_\_

Country of incorporation: \_\_\_\_\_ Trust number (if applicable): \_\_\_\_\_

**If the entity is a Non-Profit Organization (NPO), please specify:**

Charities registered with the Canada Revenue Agency

Please specify registration number: \_\_\_\_\_ (attach a copy from the CRA web site);

Organization other than the one referred to above, which solicits charitable donations from the public.

Other, specify: \_\_\_\_\_

**Section 1 – Tax Residency Status of the Entity**

**Declaration of Entity's Residence for Tax Purposes**

**Please select all categories that apply to the entity (see "Agreements – Definitions" at the end of this form):**

The entity is a resident of Canada for tax purposes;

The entity is a resident of the United States for tax purposes (account must not be opened for this entity);

The entity is a "specified" United States person (account must not be opened for this entity);

The entity is a resident of one or more countries other than Canada and United States for tax purposes. **(Please complete the section below)**

**Please complete the country of residence for tax purpose and the tax identification number (TIN)<sup>1</sup> in the section below:**

Country of Residence for Tax Purpose	Tax Identification Number (TIN) <sup>1</sup>	If the entity does not have a TIN <sup>1</sup> , select <u>reason A, B or C</u>

<sup>1</sup> Tax identification number (TIN) is a unique combination of letters or numbers that a country assigns to an individual or entity for the purpose of tax identification. (Example: In Canada, the TIN correspond to the SIN for an individual person, the BN or provincial number for entities). If the entity does not have a TIN for a particular country, please choose one of the following reasons:

- Reason A: The entity will request a TIN or has already requested one but did not yet received it.
- Reason B: The country of residence does not issue a TIN for tax purposes to its residents. **(Not applicable for United States)**
- Reason C: Other reason, please specify in the section above.

## Entity Classification

### Please choose one (1) category applicable to the entity:

- A) The entity is a business or professional enterprise (restaurant, retailer, accounting firm, etc.) where less than 50% of its gross revenue comes from passive income (interest, dividends, etc.) and less than 50% of its assets generate passive income.
- B) The entity is an entity, or is related to an entity, whose shares are regularly traded on a regulated market.
- C) The entity is a government, a central bank, an international organization, or an entity associated with such an entity.
- D) The entity is an active non-financial entity recognized by the CRA other than the entities described in the above three options (NFPO/NPO, new entity existing less than 24 months, entity that has commenced winding-up proceedings).
- E) The entity is a non-financial passive entity with 50% or more of gross revenues derived from passive sources such as interest, dividends, capital gains, rents or royalties (trust, management company and investment club).

### (Please complete the section below)

- Identify the natural persons who control or are beneficiaries of **at least 25%** of the entity. If no natural person is designated, a senior official must be identified in the table below;
- In the case of a trust, identify the Trustee(s), Constituent(s) and Beneficiary(ies);
- If one or more of these persons is a US person, attach a VD170 (W9) form for each of them.

### Identification of persons who control the entity corresponding to category "E" above:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address (No. and street): \_\_\_\_\_ Apartment: \_\_\_\_\_

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

Birth date (YYYY-MM-DD): \_\_\_\_\_

### Role of person having control:

- shareholder     associate     member of an investment club     beneficiary of a trust     settlor of a trust
- trustee     senior official

Country of Residence for Tax Purpose	Tax Identification Number (TIN) <sup>1</sup>	If the entity does not have a TIN <sup>1</sup> , select <b>reason A, B or C</b>

<sup>1</sup> Tax identification number (TIN) is a unique combination of letters or numbers that a country assigns to an individual or entity for the purpose of tax identification. (Example: In Canada, the TIN correspond to the SIN for an individual person, the BN or provincial number for entities). If the entity does not have a TIN for a particular country, please choose one of the following reasons:

- Reason A:** The entity will request a TIN or has already requested one but did not yet received it.
- Reason B:** The country of residence does not issue a TIN for tax purposes to its residents. **(Not applicable for United States)**
- Reason C:** Other reason, please specify in the section above.

**If more than one person should be identified, please attach additional copies of this page.**

**Section 2 – Identification of the Client’s Ownership Structure**

**Does the Client consist of:**

- # \_\_\_\_\_ **Entities** that control or are beneficiaries of over 25% (complete Sections 3, 4 and 5 for each entity)  
Number
- # \_\_\_\_\_ **Physical persons** who control or are beneficiaries of over 25% (complete Sections 4 and 5 for each person)  
Number
- # \_\_\_\_\_ **Client’s Directors** (complete section 6)  
Number
- # \_\_\_\_\_ **Settlers of a trust** (complete Sections 4 and 5 for each settlor)  
Number
- # \_\_\_\_\_ **Trustees** (complete Sections 4 and 5 for each trustee)  
Number

**Section 3 – Identification of entities that control or are beneficiaries of more than 25% of the Client**

Name of entity: \_\_\_\_\_

Entity’s authorized representative Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Percentage ownership of Client: \_\_\_\_\_ %

Number of beneficial or owners of more than 25% of the Client:

# \_\_\_\_\_ **Entities** (please identify them below)  
Number

# \_\_\_\_\_ **Physical persons** (please complete Sections 4 and 5)  
Number

Name of entity: \_\_\_\_\_

Entity’s authorized representative Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Percentage ownership of Client: \_\_\_\_\_ %

Number of beneficial or owners of more than 25% of the Client:

# \_\_\_\_\_ **Entities** (please identify them below)  
Number

# \_\_\_\_\_ **Physical persons** (please complete Sections 4 and 5)  
Number

Name of entity: \_\_\_\_\_

Entity’s authorized representative Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Percentage ownership of Client: \_\_\_\_\_ %

Number of beneficial or owners of more than 25% of the Client:

# \_\_\_\_\_ **Entities** (please identify them below)  
Number

# \_\_\_\_\_ **Physical persons** (please complete Sections 4 and 5)  
Number

Name of entity: \_\_\_\_\_

Entity’s authorized representative Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Percentage ownership of Client: \_\_\_\_\_ %

Number of beneficial or owners of more than 25% of the Client:

# \_\_\_\_\_ **Entities** (please identify them below)  
Number

# \_\_\_\_\_ **Physical persons** (please complete Sections 4 and 5)  
Number

***If necessary, please attach additional copies of Section 3.***

**Section 4 – Identification of natural persons who control or are beneficiaries of over 25% of the Client, the constituents and trustees of a trust**

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Name of entity in Section 3: \_\_\_\_\_ Percentage ownership of Client: \_\_\_\_\_ %  
 Shareholder  Associate  Member of an Investment club  
 Beneficiary of a trust  Settlor of a trust  Trustee  
 Senior official, where no natural person controls or is the beneficiary of more than 25% of the entity.  
(The senior official of the entity should be identified in section 1 of this document.)

**Personal address**

Address (No. and street): \_\_\_\_\_ Apartment: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Citizen of:  Canada  United States  Other: \_\_\_\_\_  
Province/Country for tax purposes is identical to personal address:  Yes  No, please specify: \_\_\_\_\_

**Other information**

Date of birth (YYYY-MM-DD): \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Primary phone number: \_\_\_\_\_ Additional phone number: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer's name: \_\_\_\_\_

**Questions**

Are you an employee of a securities dealer?  
 No  Yes (Name of the firm: \_\_\_\_\_ )  
Are you a reporting insider of a company whose shares are traded on a stock exchange or in over-the-counter markets?  
 No  Yes, please specify the company name, the stock symbol and the market:  
Company name \_\_\_\_\_, stock symbol \_\_\_\_\_, market \_\_\_\_\_  
Are you 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 \_\_\_\_\_  
Are you, or have you been, a Politically exposed domestic person (in the last 5 years), a Politically exposed foreign person or are you currently the head of an international organization? Do you have close ties to someone in one of these categories (family member or close associate)? (read the General Account Agreement included in the Relationship Disclosure Document (V299))  
 No  Yes (attach VD2050)

**Consent and attestation of the person whose identity is being verified**

I, the undersigned, attest that I have read the previous sections, and confirm that the personal information herein is true, complete and accurate as of the present date. I authorize Desjardins Securities Inc. to collect, use and disclose my personal information to verify my identity, to protect itself against fraud and error and to 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 solely to verify my identity within the definition of the the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and for no other purpose. I authorize the transmission of the personal information appearing on this form to both parties.

**X** \_\_\_\_\_ Date (YYYY-MM-DD)  
Signature of the person whose identity is verified

**Please attach a legible copy of an official photo identification document.**

**If necessary, please attach additional copies of Section 4.**

**Section 5 – Verification of the identity of natural persons who control or are beneficiaries of more than 25% of the Client, the constituents<sup>1</sup> and Trustees of a Trust identified in Section 4**

<sup>1</sup> This section does not apply to settlors of a trust in Section 4 if they hold the professional title of accountant, notary or lawyer.

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**

**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.

**Section Reserved for the Caisse and the Advisory Branch**

- Identity verification done by the Caisse Desjardins (please complete method 1: Identity verification done in person)

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

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

Date of identity verification of the attorney, by the Advisory Branch, from the information provided by Caisse Desjardins: \_\_\_\_\_

**Signature** (Reserved for the Investment Advisor/Representative of Desjardins Securities Inc.)

\_\_\_\_\_  
Name of the Investment Advisor/representative      **X** \_\_\_\_\_      \_\_\_\_\_  
Signature      Date (YYYY-MM-DD)

**Section 6 – Identification of Client’s Directors**

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address (No. and street): \_\_\_\_\_ Apartment: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Birth Date (YYYY-MM-DD): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of employer: \_\_\_\_\_

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address (No. and street): \_\_\_\_\_ Apartment: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Birth Date (YYYY-MM-DD): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of employer: \_\_\_\_\_

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address (No. and street): \_\_\_\_\_ Apartment: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Birth Date (YYYY-MM-DD): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of employer: \_\_\_\_\_

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address (No. and street): \_\_\_\_\_ Apartment: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Birth Date (YYYY-MM-DD): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of employer: \_\_\_\_\_

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address (No. and street): \_\_\_\_\_ Apartment: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Birth Date (YYYY-MM-DD): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of employer: \_\_\_\_\_

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address (No. and street): \_\_\_\_\_ Apartment: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Birth Date (YYYY-MM-DD): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of employer: \_\_\_\_\_

Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address (No. and street): \_\_\_\_\_ Apartment: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Birth Date (YYYY-MM-DD): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of employer: \_\_\_\_\_

**If necessary, please attach additional copies of Section 6.**

**Section 7 – Declarations and consent by the authorized signatory for the entity (“Client”)**

I, the undersigned, declare that I have conducted the required verifications of the entity and confirm that my declarations include the following attestations:

- (i) attest that I am a duly authorized representative of the Client;
- (ii) attest that I have conducted the necessary verifications and provided the required information for identifying the ownership structure, entities and persons that are beneficial owners of more than 25%, and the Client’s directors. Where a trust is involved, I attest that I have conducted the verifications needed to determine the identity of the settlors, trustees and known beneficial owners of more than 25%;
- (iii) attest that I have obtained, from the persons mentioned above, the required authorizations regarding the collection, use and communication of their personal information by Desjardins Securities Inc.;
- (iv) declare that the information provided on this form is, to the best of my knowledge and belief, accurate and complete;
- (v) authorize Desjardins Securities Inc. to conduct all the verifications it may consider necessary for confirming this information;
- (vi) agree to inform Desjardins Securities Inc. immediately of any major change concerning the information included herein, including information related to the beneficial ownership of the Client.

I acknowledge that I have read the above, and of the *Desjardins Securities Inc. Policy on the Protection of Personal Information*.

\_\_\_\_\_  
Name of the Client’s authorized signatory

**X** \_\_\_\_\_  
Signature of the Client’s authorized signatory

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

## Agreements – Definitions

### **Tax Residence:**

In general, a person is resident of a country for tax purposes if, under the laws of that country, they pay or are required to pay tax because they are domiciled or resident therein, or meet similar criteria.

### **Person from the United States ("US"):**

An entity is a US person in the following cases:

- A corporation or partnership incorporated in the United States or in one of its States.
- A trust subject to US law and controlled by one or more US residents or citizens for tax purposes;
- A testamentary trust or deceased person who was, at the time of death, a citizen or resident of the United States for tax purposes.

### **Designated Person of the United States ("US"):**

An entity is a designated person of the US when it is a US person as described above, excluding the following entities:

- A corporation incorporated in the United States whose shares are regularly traded on one or more regulated stock exchanges and any US incorporated company within the same expanded affiliate, as the term "*expanded affiliated group*" means in Section 1471(e)(2) of the Internal Revenue Code of the United States;
- Public corporation belonging 100% to the government of the United States;
- US States and US territories, including any political subdivision and any public-law corporation wholly owned by such State, Territory or Subdivision;
- US Financial Institutions;
- US regulated investment company;
- US Real Estate Investment Trust;
- Group trust funds;
- Tax-exempt Organization or Trust, and US Individual Pension Plan;
- US dealer in securities, derivatives and commodities.