

Client number: **Section 1 – Identification of the account holder (Principal) and the Attorney****Principal**

Mr. Ms. Last name: _____ First name: _____

Mr. Ms. Last name: _____ First name: _____

Mr. Ms. Last name: _____ First name: _____

Attorney

Mr. Ms. Last name: _____ First name: _____

Client number: Relationship¹: _____
(if applicable)

¹ The Attorney must be an immediate family member, with some exceptions. Immediate family members include spouse, parents, children, brothers, sisters, and any family member living under the same roof as the account holder.

Section 2 – Consents

I, the undersigned (the Principal), hereby authorize the attorney to act as my Attorney and I authorize them to place orders to buy² and/or sell² for any account held in my name with Desjardins Securities Inc. (Desjardins Securities) (including all purchase orders for security on margin, all short sale orders if a Margin Account Agreement has been entered into and signed by me, and any option transactions if an Option Account Agreement has been entered into and signed by me) and I authorize Desjardins Securities to accept and act upon such orders as if given by me.

I authorize, without any restriction whatsoever, my Attorney to make deposits, withdrawals and transfers of funds to/for my exclusive benefit and also to deliver or receive securities registered exclusively in my name, in relation to the management of my account. When applicable, in compliance with the account agreement, I also authorize my Attorney to give instructions to Desjardins Securities pertaining to the voting and other rights attached to any shares I own and when a reorganization notice is given for a company for which I hold securities.

Instructions regarding the sending of documents to the Attorney (doesn't apply to discretionary accounts and Desjardins Brokerage Online)

I authorize Desjardins Securities to send my Attorney duplicates of trade confirmations and/or account statements.

Principal's consent

I ratify in advance all decisions taken by my Attorney on the basis of this power of attorney (including all the transactions made by Desjardins Securities) and I assume full responsibility in connection with the same.

I agree to hold harmless Desjardins Securities for any losses, I may sustain arising from errors or negligence of the above designated Attorney. I also agree that Desjardins Securities is not and will not be responsible for any losses or damage, present or future, direct or indirect, that I may incur as a result of this power of attorney.

This power of attorney shall remain in force until Desjardins Securities receives written notice revoking it.

The Principal retains the right to make multiple powers of attorney for property and this power of attorney shall not revoke any other powers of attorney for property created by the Principal before or after execution of this power of attorney.

Attorney's consent

As Attorney for the account, I certify that I don't receive any compensation from the Principal. This or any other future power of attorney is not part of any professional services provided to the Principal. I agree to not have power of attorney as part of any professional services.

Online access and consent to disclose my personal information (doesn't apply to Private Wealth Management services)

If my Attorney has a Desjardins Securities account, I understand and agree that he/she can access my account through his/her own account, upon request. I consent to the disclosure of the personal information that appears in my account and in the following documents: transaction confirmations, portfolio statements, tax statements, yearly securities transaction summaries and any other document related to the administration of my account.

This access will be revoked upon termination of this power of attorney.

² Doesn't apply to discretionary accounts

Section 3 – Personal Information of the Attorney Mr. Ms. Last name: _____ First name: _____**Home Address**

No. and street: _____ Apt.: _____

City: _____ Province: _____ Country: _____ Postal code: _____

Other information

Social insurance number (optional): _____ Date of birth (YYYY-MM-DD): _____

Telephone (business): _____ Telephone (home): _____ Telephone (mobile): _____

Email: _____

Occupation and employer

Occupation: _____ Employer's name: _____

Sector of activity: _____

Questions**Are you:**

a) an employee of a securities dealer?

 No Yes, name of the firm: _____b) a reporting insider³ of a company whose shares are traded on a Stock exchange or in over the-counter markets? No Yes Name of the company: _____ Ticker symbol: _____ Market: _____c) a significant shareholder³ of a company whose shares are traded on a Stock exchange or in over-the-counter markets? No Yes Name of the company: _____ Ticker symbol: _____ Market: _____³ All definitions can be found in the section General Account Agreement and specific agreements of the Relationship Disclosure Document and Agreements.**Section 4 – Consent to the collection and use of personal information**

I, the undersigned, certify that I have read this form and confirm that my personal information is true, complete and accurate as of this date. I authorize my financial institution and Desjardins Securities to use and disclose personal information about me, and in particular to confirm my identity within the meaning of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA)*. To this end, I hereby authorize the use and disclosure of the personal information contained on this form.

Name of Attorney (in block letters)	X	Signature of Attorney	Date (YYYY-MM-DD)
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Section 5 – Signatures

Name of Principal (in block letters)	X	Signature of Principal	Date (YYYY-MM-DD)
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Name of Principal (in block letters)	X	Signature of Principal	Date (YYYY-MM-DD)
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Name of Principal (in block letters)	X	Signature of Principal	Date (YYYY-MM-DD)
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Name of Attorney (in block letters)	X	Signature of Attorney	Date (YYYY-MM-DD)
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Name of the Advisor, Representative or Private manager (in block letters)	X	Signature of the Advisor, Representative or Private manager	Date (YYYY-MM-DD)
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Name of the Branch Manager (in block letters)	X	Signature of the Branch Manager	Date (YYYY-MM-DD)
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Internal note: Please attach form VD201B.