



**DESJARDINS SECURITIES INC.
ESTATE – ESTATE TRUSTEE(S) OR BENEFICIARY(IES)
INDEMNITY AGREEMENT
(not applicable in Quebec)**

I/We:

Estate trustee or Beneficiary 1 (in block letters)		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name:	First name:
Estate trustee or Beneficiary 2 (in block letters)		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name:	First name:
Estate trustee or Beneficiary 3 (in block letters)		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name:	First name:

of the estate, hereby represent to Desjardins Securities Inc. that:

1. The deceased _____ (the "Deceased") in
Last name of Deceased (block letters) First name of Deceased (block letters)
 his/her lifetime resident at _____ (city and province)
City Province
 died at _____ on the _____ day of _____ 20____.
City Day Month Year

2. At the date of his/her death, the Deceased held on deposit at Desjardins Securities Inc. the following accounts (the "Accounts"):

Account Number	Market Value as at the Date of Death

with a combined total market value of CDN\$ _____ at the date of death.

3. The Accounts were all owned by the Deceased at the time of his/her death and located at (city and province)

_____ City _____ Province

4. The Deceased died,

with a valid Last Will and Testament dated _____ (the "Will") and to the best of our knowledge
Date (YYYY-MM-DD)
 and belief, the Deceased did not leave any other will, codicil, or testamentary document. An original or certified copy of the Will is submitted to Desjardins Securities Inc. with this Indemnity Agreement.

OR

with a valid Last Will and Testament dated _____ (the "Will") and the Deceased left the following
Date (YYYY-MM-DD)
 valid codicils:

Codicil (e.g. First, Second, etc.)	Date of Execution

An original or certified copy of the Will and of all codicils is submitted to Desjardins Securities Inc. with this Indemnity Agreement.

OR

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without a valid Last Will and Testament and pursuant to the Law of Intestacy, I/we in my/our capacity as:

Administrator(s) Estate Trustee(s) Heir(s) of the deceased

Personal Representative 1 (in block letters)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name:	First name:	Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> children
Personal Representative 2 (in block letters)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name:	First name:	Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> children
Personal Representative 3 (in block letters)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name:	First name:	Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> children

and in my relation to the deceased as (spouse/children), do solemnly declare to be the only successor of the deceased's assets at Desjardins Securities Inc.

5. At the date of the Deceased's death, none of the beneficiaries of the Deceased's Will was a non-resident of the province of Ontario, except:

Beneficiary 1 (in block letters)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name: _____ First name: _____
Number and street: _____ Apartment/Suite: _____	
City: _____ Province: _____ Country: _____ Postal code: _____	
Beneficiary 2 (in block letters)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name: _____ First name: _____
Number and street: _____ Apartment/Suite: _____	
City: _____ Province: _____ Country: _____ Postal code: _____	
Beneficiary 3 (in block letters)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name: _____ First name: _____
Number and street: _____ Apartment/Suite: _____	
City: _____ Province: _____ Country: _____ Postal code: _____	

6. The Deceased married after the date of the Will.

YES NO

7. A marriage of the Deceased was terminated by a judgment absolute of divorce, or declared a nullity, after the date of the Will.

YES NO

8. Neither the Will nor any codicils were witnessed by any of the named beneficiaries in the Will.

9. No application for a Certificate of Appointment of Estate Trustee or a Certificate of Appointment of Estate Trustee with a Will Limited to the Assets Referred to in the Will with respect to the estate of the Deceased has been made or is intended to be made in any jurisdiction.



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10. An original or certified copy of the funeral director's statement of death issued under corporate seal, death certificate issued by a Provincial Registrar, death certificate issued by a church under seal and minister's signature, finding issued by a coroner properly identified or burial certificate is submitted to Desjardins Securities Inc. with this Indemnity Agreement.
11. The estate trustees and beneficiaries have full knowledge of all of the liabilities and debts of the Deceased and estate, all of which have been paid in full or will be fully paid, and undertake to be responsible for the same to the extent of the value of the Accounts.
12. We confirm that we are responsible for paying of all debts and liabilities (paid or to be paid), including income or other taxes, of the Deceased, payable to the Canada Revenue Agency and/or other taxing authority.
13. I/We hereby request that Desjardins Securities Inc. transfer the holdings in kind or in cash without requiring a Certificate of Appointment of Estate Trustee with a Will or a Certificate of Appointment of Estate Trustee with a Will Limited to the Assets Referred to in the Will of the estate.
14. In consideration of Desjardins Securities Inc. complying with the above request, each of the estate trustees and beneficiaries of the estate jointly and severally covenants and agrees for himself/herself and his/her heirs, executors, administrators and assigns with Desjardins Securities Inc., its successors and assigns, to indemnify and hold it harmless from and against all claims, demands, actions, and suits and from and against all liabilities, losses, damages, costs, charges and other expenses of every nature and kind including, without restricting the generality of the foregoing, legal costs, arising out of the transfer of the holdings in the Accounts.

The Accounts have devolved upon and become vested in the estate trustees or beneficiaries by virtue of the facts stated in the Indemnity Agreement.

SIGNATURE OF ESTATE TRUSTEES OR BENEFICIARIES			
Signed at _____ <div style="text-align: center; font-size: small;">City</div>	on _____ <div style="text-align: center; font-size: small;">Date (YYYY-MM-DD)</div>	X	_____ <div style="text-align: center; font-size: small;">Signature of estate trustee or beneficiary 1</div>
Signed at _____ <div style="text-align: center; font-size: small;">City</div>	on _____ <div style="text-align: center; font-size: small;">Date (YYYY-MM-DD)</div>	X	_____ <div style="text-align: center; font-size: small;">Signature of estate trustee or beneficiary 2</div>
Signed at _____ <div style="text-align: center; font-size: small;">City</div>	on _____ <div style="text-align: center; font-size: small;">Date (YYYY-MM-DD)</div>	X	_____ <div style="text-align: center; font-size: small;">Signature of estate trustee or beneficiary 3</div>

Reserved for a Commissioner for Oaths or Notary Public or as the case may be

DECLARED before me at

City

In the _____

County, District or Regional Municipality

of _____

Province or Territory

this _____ day of _____, 20____.

Day
Month
Year

A Commissioner for Oaths or Notary Public or as the case may be