

Client number **Client's identification** Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_**Primary trusted contact person** Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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

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

Telephone (business): \_\_\_\_\_ Telephone (home): \_\_\_\_\_ Telephone (mobile): \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_

My alternative trusted contact person will be contacted in the event that my primary trusted contact person is unavailable, is unable to or refuses to assist, or is suspected of financially exploiting or mistreating me:

**Alternative trusted contact person** Mr.  Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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

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

Telephone (business): \_\_\_\_\_ Telephone (home): \_\_\_\_\_ Telephone (mobile): \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Consent to communicate with trusted contact person**

I authorize Desjardins Securities inc. (Desjardins Securities) to communicate with my designate trusted contact person if Desjardins Securities:

- Needs my contact information and is repeatedly unable to reach me;
- Becomes concerned that I may be the target of financial exploitation;
- Becomes concerned about my ability to understand my financial situation or the consequences of a financial decision that I must make;
- Needs my legal representative's contact information.

This consent authorizes Desjardins Securities to communicate with my trusted contact person to discuss concerns about me and/or to obtain information necessary to help protect my interests.

I understand that this is not a power of attorney form and, therefore, it does not authorize my trusted contact person to make financial decisions for me nor give instructions concerning my accounts.

I understand that I may revoke this consent at any time by informing Desjardins Securities in writing. This consent will apply until revoked.

\_\_\_\_\_  
Name of client (in block letters)**X**\_\_\_\_\_  
Signature of client\_\_\_\_\_  
Date (YYYY-MM-DD)\_\_\_\_\_  
Name of Advisor/Representative (in block letters)**X**\_\_\_\_\_  
Signature of Advisor/Representative\_\_\_\_\_  
Date (YYYY-MM-DD)