

Client Number: 

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**i** In order to comply with applicable Securities Regulations, would you please provide us with a copy of the constating documents of your corporation or similar entity, for example, the articles of incorporation and by-laws.

**Excerpt of a resolution of the legal person**

\_\_\_\_\_ adopted on \_\_\_\_\_  
Name of the entity (hereinafter the "Client") Date (YYYY-MM-DD)

**Account opening**

IT WAS UNANIMOUSLY RESOLVED THAT the one or the other person mentioned hereafter,

Last name	First name	Title

are, hereby, authorized to open an account (please specify the account type):

 cash  margin  margin options  short margin options

at (Desjardins Securities), and to sign on behalf and in the name of this Customer all related documents to administer such account. This account opening must be done with the only signature of one or the persons mentioned above.

**Authorization to negotiate**

IT WAS ALSO UNANIMOUSLY RESOLVED THAT the one or the other person mentioned hereafter,

Last name	First name	Title

are hereby authorized and fully empowered to buy<sup>1</sup>, sell<sup>1</sup>, assign and transfer all deposit certificates, bonds, and other securities certificates which are or will be registered in the name of this Customer from time to time.

It was also resolved that any and all such transfers of securities that are or will be so registered, be executed, ratified and confirmed by one of the abovementioned authorized persons.

These transactions on the account must be carried out with the only signature of one or other of the persons mentioned above.

<sup>1</sup> Does not apply to the Discretionary Management accounts.**Consents and Signature**

I, undersigned, President, sole shareholder or secretary of the Customer person certifies that the abovementioned excerpts are consistent with the resolutions

"Account opening" and "Authorization to negotiate" adopted by the Board of Directors on \_\_\_\_\_ and that these resolutions comply with the  
Date (YYYY-MM-DD)

articles, bylaws and all other documents governing the Customer, and that those who adopted them had the power to do so.


I also certify that since then, no modification was made to the said resolutions which remain in full force.

\_\_\_\_\_  
President's, sole shareholder's or secretary's name

**X**  
\_\_\_\_\_  
Signature of President, sole shareholder or secretary

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

**Personal details about the authorized person to negotiate**

 Please complete one page by authorized person to negotiate whose identity verification is not documented on the VD262 form.

Mr.  Ms, Name: \_\_\_\_\_ First name: \_\_\_\_\_

**Residential Address**

No and street: \_\_\_\_\_ Apt.: \_\_\_\_\_

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

**Other information**

Date of birth (YYYY-MM-DD): \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

**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 dealer: \_\_\_\_\_

b) a reporting insider<sup>1</sup> of a company whose shares are traded on a Stock exchange or an over the-counter market?

No  Yes Company name: \_\_\_\_\_ Stock symbol: \_\_\_\_\_ Market: \_\_\_\_\_

c) a major shareholder<sup>1</sup> (owning, directly or indirectly, more than 20% of shares with voting rights)

No  Yes Company name: \_\_\_\_\_ Stock symbol: \_\_\_\_\_ Market: \_\_\_\_\_

<sup>1</sup> All definitions can be found in the section General Account Agreement and specific agreements of the Relationship Disclosure Document and Agreements.

**Consent to the collection and use of personal information**

I, the undersigned, attest that I have reviewed the present form and confirm that the personal information it contains about me is true, complete and accurate as of this date. I authorize my financial institution and Desjardins Securities to use and transmit the personal information about me particularly to check my identity under the terms of the Proceeds of Crime (Money Laundering) and Terrorist Financing Act PCMLTFA. To this end, I authorize the use the communication of the personal information appearing on this form.

\_\_\_\_\_  
Name of the authorized person to negotiate  
(in block letter)

**X**

\_\_\_\_\_  
Signature of the authorized person to negotiate

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