

Client number

•	e with US tax regulations. This statement mu vithholding agents to apply the appropriate t		
Section 1 – Account holder	information		
Entity's name:			
Attn.:			
Section 2 – Beneficiaries in	formation		
1 st beneficiary			
☐ Mr. ☐ Ms. Last name:		First name:	
Or entity's name:			
Attn.:			
Home address			
No. and street:			Apt./Suite:
City:	Province/State:	Country:	Postal code:
Declaration of tax residence			
Type of beneficiary:	If "Othe	er", please specify:	
Are you a tax resident of the United S	tates?		
☐ No, attach form W-8BEN (VD271), V☐ Yes, attach form W-9 (VD270) only	N-8IMY (VD272) or W-8BEN-E (VD274) acco	ording to your situation	
Taxpayer Identification No. (TIN):			
Note: Depending on the applicable si identification of the entity identified as	tuation, the TIN corresponds to the US TIN, a beneficiary.	Canadian social insurance numbe	er (SIN), foreign TIN or taxpayer
Type of income ¹			
Required at all times:			
Tax rate on dividends:%	Tax rate on interest:% Share o	f income allocation ² :%	
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Important notice: This statement has been produced to accompany form W-8IMY (VD272). It is one of the documents listed in Part VIII, box 21.a and covered by the certifications in parts VIII and XXIX of form VD272. The information and documents provided must be accurate, complete and

Tax rate for other types of income: ______% Please specify: ___

Exemption basis3: _

¹Depending on the provisions of the tax treaty between Canada and the United States, the tax rate for interest is generally 0% and the tax rate for dividends is generally 15%. The applicable taxation rate depends on the tax treaty between the beneficiary's country of tax residence and the United States (if any). In case of doubt, the beneficiary (or their authorized representative) should consult a tax specialist to determine the applicable rate.

²The sum of the shares of income allocation for all of the beneficiaries must total 100%.

³Exemption basis: Applicable tax treaty article.

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Declaration of tax residence			
Type of beneficiary:	If "Othe	er", please specify:	
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Note: Depending on the applicable situation dentification of the entity identified as a ber		Canadian social insurance numbe	r (SIN), foreign TIN or taxpayer
Type of income ¹			
Required at all times: Tax rate on dividends: % Tax ra	ate on interest:% Share o	f income allocation ² :%	
Where applicable:	% Please specify:		
Where applicable: Tax rate for other types of income: Exemption basis ³ :			
Where applicable: Tax rate for other types of income: Exemption basis ³ : 3rd beneficiary Mr. Ms. Last name: Or entity's name:		-irst name:	
Where applicable: Tax rate for other types of income: Exemption basis ³ : 3 rd beneficiary Mr. Ms. Last name: Or entity's name: Attn.:		-irst name:	
Where applicable: Tax rate for other types of income: Exemption basis³: 3rd beneficiary Mr. Ms. Last name: Or entity's name: Attn.: Home address		-irst name:	
Where applicable: Fax rate for other types of income: Exemption basis ³ : Brd beneficiary Mr. Ms. Last name: Or entity's name: Home address No. and street:		-irst name:	Apt./Suite:
Where applicable: Tax rate for other types of income: Exemption basis³: Brd beneficiary Mr. Ms. Last name: Or entity's name: Home address No. and street:		First name:	Apt./Suite:
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Where applicable: Tax rate for other types of income: Exemption basis³: 3rd beneficiary Mr. Ms. Last name: Or entity's name: Home address No. and street: City: Declaration of tax residence Type of beneficiary: Are you a tax resident of the United States? No, attach form W-8BEN (VD271), W-8IM Yes, attach form W-9 (VD270) only Taxpayer Identification No. (TIN): Note: Depending on the applicable situation dentification of the entity identified as a ber	Province/State: If "Other Y (VD272) or W-8BEN-E (VD274) according, the TIN corresponds to the US TIN,	Country: er", please specify:	Apt./Suite: Postal code:
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Where applicable: Tax rate for other types of income: Exemption basis³: 3rd beneficiary Mr. Ms. Last name: Or entity's name: Home address No. and street: City: Declaration of tax residence Type of beneficiary: Are you a tax resident of the United States? No, attach form W-8BEN (VD271), W-8IM Yes, attach form W-9 (VD270) only Taxpayer Identification No. (TIN): Note: Depending on the applicable situation dentification of the entity identified as a ber Type of income¹ Required at all times:	Province/State: If "Other "Other "Y (VD272) or W-8BEN-E (VD274) account, the TIN corresponds to the US TIN, neficiary.	Country: er", please specify: ording to your situation Canadian social insurance number	Apt./Suite: Postal code: er (SIN), foreign TIN or taxpayer
Where applicable: Tax rate for other types of income: Exemption basis³: 3rd beneficiary Mr. Ms. Last name: Or entity's name: Attn.: Home address No. and street: City:	Province/State: If "Other Y (VD272) or W-8BEN-E (VD274) according to the US TIN, neficiary.	Country: Country: ording to your situation Canadian social insurance number	Apt./Suite: Postal code: er (SIN), foreign TIN or taxpayer

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Declaration of tax residence	15 "	O.I. II. I		
Type of beneficiary:	It "	Other", please specify:		
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Note: Depending on the applicable situation, the dentification of the entity identified as a beneficial	TIN corresponds to the US	ΓΙΝ, Canadian social insuranc	ce number (SIN), foreign TIN	l or taxpayer
Type of income ¹				
Required at all times: Tax rate on dividends:% Tax rate on	interest:% Sha	re of income allocation ² :	%	
Where applicable: Tax rate for other types of income:% Exemption basis ³ :				
Section 3 – Consent and signatures				
 I, the undersigned: (i) Certify that I am an authorized representative (ii) Certify that I have conducted the necessary of the tax rate applicable to their income and the incompatible with other information that the compartible with other information that the comparties (iv) Certify that I have obtained the necessary au personal information by Desjardins Securities (iv) Certify that the information provided in this formation provid	verifications and provided co eir income allocation share, a lient has on the beneficiaries thorizations from the above-railor. Inc. Inc. Inc. to my knowledge, account all of the verifications it m	and that the information prese to determine the tax rate for mentioned persons and entition urate and complete. hay deem necessary to confin	ented in this withholding state each beneficiary. The collection, use and this information.	tement is not
	X			
Name of the authorized representative of the entity (in b	ock letters) Signat	ure of the authorized representati	ve of the entity	Date (YYYY-MM-DD)
Name of the authorized representative of the entity (in b	lock letters) X Signat	ure of the authorized representati	ve of the entity	Date (YYYY-MM-DD)
Name of the authorized representative of the entity (in b	ock letters) X Signat	ure of the authorized representati	ve of the entity	Date (YYYY-MM-DD)
Section 4 – Affidavit of unchanged s	tatus			
Mandatory IRS requirement under IRS Treasur Under penalties of perjury, I declare that all the in establishment of the beneficial owner account(s)	formation and certifications	contained on this form remair		ed since the
Name of the authorized representative of the entity (in b	ock letters) X Signat	ure of the authorized representati	ve of the entity	Date (YYYY-MM-DD)