

Client information

Name: _____

Account #: _____

Authorizing the disclosure of investment information

Portfolio data is private and confidential information. To protect your confidentiality, Desjardins Securities Inc. needs you to authorize its personnel to disclose information to Desjardins Securities Inc. – Financial Services about your account(s) with us. You can do this by signing this form.

This authorization applies to the above-noted account(s). Unless we are notified to the contrary, it also applies to any future accounts you open with us.

Your authorization remains in effect until you cancel it in writing. At your discretion, you may exclude from this authorization one or more accounts. To cancel or modify an existing authorization, please contact your advisor.

Signature

By signing this form, you authorize Desjardins Securities Inc. and its personnel to disclose investment information to Desjardins Securities Inc. – Financial Services for your identified accounts. We are committed to protecting your privacy, while honoring how you wish to be served.

Signature, Account Holder: _____ Date: _____