

IDENTIFICATION OF THE PARTICIPANT

Participant Number

Name

Number

Street

Off.

P.O. Box

City

Prov.

Postal code

CORPORATE RESOLUTION

Certified true extract from a resolution concerning participation in Épargne Placements Québec and the designation of attorney(s)

A) BE IT RESOLVED:

THAT the person(s) designated hereunder called “attorney(s)” be and by these presents is (are) authorized to sign the application form for the book-based system managed by Épargne Placements Québec, to act as attorneys and, in that capacity, to sign for and on behalf of the legal person designated above all the forms and other documents required by Épargne Placements Québec.

THAT the attorney(s) be and is (are) authorized to act on our behalf for everything concerning the book-based system managed by Épargne Placements Québec, including, without limiting the scope, purchases, sales, transfers, requests for redemption and, if applicable, the production and possible changes to the banking information of the legal person.

THAT the designation of attorney(s) be and is considered valid by Épargne Placements Québec until the date of receipt of a new corporate resolution designating one or more new attorneys in accordance with section 26 of the Regulation respecting savings products.

THAT, if more than one attorney is designated (where there are a number of shareholders):

- ☐ Each person designated below can act alone on our behalf.
- ☐ Two of the persons designated below must at all times act jointly.
- ☐ All the persons designated below must at all times act jointly.
- ☐ Other instructions:

THAT the mandatary(s) acknowledge that they have read and understood the Privacy Policy, available at epq.gouv.qc.ca, and consent to the collection, use and disclosure of their personal information by Épargne Placements Québec in accordance with the provisions of this policy.

THAT, in view of the above, the following person(s) be and is (are) hereby designated as attorney(s):

B) IDENTIFICATION OF THE ATTORNEY(S)

☐ Ms. ☐ Mr.

Last name

First name

Date of birth (YYYY-MM-DD)

Telephone (home)

Telephone (work)

Ext.

Mother's maiden name

Email

Position

X

Signature

☐ Ms. ☐ Mr.

Last name

First name

Date of birth (YYYY-MM-DD)

Telephone (home)

Telephone (work)

Ext.

Mother's maiden name

Email

Position

X

Signature

☐ Ms. ☐ Mr.

Last name

First name

Date of birth (YYYY-MM-DD)

Telephone (home)

Telephone (work)

Ext.

Mother's maiden name

Email

Position

X

Signature

Participant Number

C) ATTESTATION OF THE RESOLUTION (complete the appropriate section)

1) For a legal person with one shareholder and a single director:

I, the undersigned, hereby certify that I am the sole proprietor, director and manager of the above-designated legal person and that consequently, I hold all the powers required to pass this resolution.

Last name

First name

X

Signature

Date (YYYY-MM-DD)

2) For a legale person with many directors and a board of directors:

I, the undersigned, secretary of the above-designated legal person, hereby certify:

- That the above text is a true and exact copy of the resolution of the directors passed at a meeting of the board of directors held on

Date (YYYY-MM-DD)
- That each person designated above as an attorney does indeed hold the position indicated and that his signature is authentic.

Last name

First name

X

Signature

Date (YYYY-MM-DD)

RESERVED TO THE SALES AGENT

(Institution - Branch)  
Sales agent number

Sales agent's name

Date (YYYY-MM-DD)