

Information collected by means of this form will be treated confidentially in accordance with the provisions in the *Act to modernize legislative provisions as regards the protection of personal information (2021, chapter 25)*. Please read the general information in this form.

IDENTIFICATION OF THE PARTICIPANT (HOLDER)

FHSA identification Number 03525002

Participant Number

☐ Ms.

☐ Mr.

Last name

First name

Number

Street

Apt.

P.O. Box

City

Prov.

Postal code

Telephone (home)

Telephone (work)

Ext.

Mother's maiden name

Email

Social insurance number
The SIN is required under the Income Tax Act.

Date of birth
(YYYY-MM-DD)

IDENTIFICATION OF THE REPRESENTATIVE

Relation to the participant:

The representative must enclose with this form the original (or a certified copy) of the act or document authorizing him to act in this capacity for the participant. No act or document is required in the case of the father or mother.

☐ Ms.

☐ Mr.

Last name

First name

Date of birth
(YYYY-MM-DD)

Number

Street

Apt.

P.O. Box

City

Prov.

Postal code

Telephone (home)

Telephone (work)

Ext.

Mother's maiden name

Email

TRANSACTION

Purchase

Amount purchased

Product

Rate(s)

Interest⁽¹⁾

Term

Amount

Payment method

Other

Payments⁽²⁾:

Amount purchased

Product

Rate(s)

Interest⁽¹⁾

Term

Amount

Payment method

Other

Payments⁽²⁾:

Legend
⁽¹⁾ **Interest:** **ICA** (Interest compounded annually) / **ICM** (Interest compounded monthly) / **IPA** (Interest paid annually) / **IPM** (Interest paid monthly)
⁽²⁾ **Payments:** **EFT** (Electronic funds transfer) / **Cheque** payable to the Minister of Finance

Transfer from your:

Transfer instruction

☐ Total

☐ Partial

Specific face value

Description of the product to be transferred

Maturity date

Face value

Term

Interest⁽¹⁾

☐ Total

☐ Partial

Specific face value

Description of the product to be transferred

Maturity date

Face value

Term

Interest⁽¹⁾

☐ Total

☐ Partial

Specific face value

PERIODIC SAVINGS by bank withdrawals (specimen personal cheque required)

☐ Weekly

☐ Every two weeks

☐ Monthly

Amount per instalment (minimum of \$10)

Frequency of instalments

Desired date of first instalment
(YYYY-MM-DD)

Note that at least **10 business days** must be allowed after this form is received by Épargne Placements Québec for the first instalment to be drawn from the bank account.

Participant Number

SPECIAL INSTRUCTIONS

BANKING INFORMATION

For a purchase **by electronic funds transfer**, please attach a **specimen personal cheque marked "CANCELLED"**.

By enclosing a sample cheque bearing your name, account number and the contact information of your banking institution, you are authorizing Épargne Placements Québec and the designated financial institution (or any other financial institution that you may designate subsequently) to debit your bank account, according to the instructions received by any appropriate means of transmission, of amounts from time to time for the purchase of a savings product or of recurring amounts for bank withdrawals (if applicable). This authorization remains in force for as long as you participate in the book based system at Épargne Placements Québec.

SIGNATURE

I hereby apply to participate in the book based system managed by Épargne Placements Québec. I acknowledge that this participation is governed by the provisions of the Financial Administration Act (R.S.Q., c. A-6.001) and the Regulation respecting savings products (CQLR, c. A-6.001, r. 9), and that any transaction request that fails to satisfy the validity criteria stipulated in the provisions of the Act, the Regulation or any other rule or document enacted or established pursuant to such Act or Regulation, will be rejected or cancelled by Épargne Placements Québec. I acknowledge that any transaction is subject to the tax laws and regulations and that Épargne Placements Québec will carry out the deductions at source stipulated therein.

A) APPLICATION FOR REGISTRATION

Trustee (and issuer): Natcan Trust Company, 600 de la Gauchetière Street West, 28th Floor, Montréal, Québec H3B 4L2

I apply for a Tax-free first home savings account of Épargne Placements Québec and request that the Trustee file an election with the Minister of National Revenue to register the qualifying arrangement as a tax-free first home savings account under section 146.6 of the *Income Tax Act* (RSC 1985, chapter 1, 5th supplement). I declare that I have read the trust agreement and the general information, available at epq.gouv.qc.ca, and that I will comply with them.

B) ATTESTATIONS

I confirm that :

- I am a Canadian resident between the ages of 18 and 71.
- I did not, at any prior time in the calendar year or in the preceding four calendar years, inhabit as a principal place of residence a qualifying home in Canada (or what would be a qualifying home if it were located in Canada) (for example, a single-family, semi-detached, row or mobile home, condominium, apartment in a duplex, triplex or fourplex, or apartment building) owned or co-owned by myself or my current spouse or common-law partner.

I also acknowledge that :

- The information provided in this form is accurate and complete. I agree to notify Épargne Placements Québec or the Trustee promptly of any change to this information, no later than 30 days after the change.
- I am responsible for not contributing to the account beyond the limits prescribed by the *Income Tax Act* (Canada) and am aware of the tax implications of excess contributions.
- I am also responsible for making investment decisions and determining whether an investment qualifies under the *Income Tax Act* (Canada) and am aware of the consequences of acquiring and holding investments that are not qualified investments.
- The Trustee may delegate certain of its powers relating to this Account to a mandatary, namely Épargne Placements Québec.
- Épargne Placement Québec and the Trustee are under no obligation to advise me with respect to the acquisition, holding or sale of investments or with respect to withdrawals (whether or not eligible), transfers or other transactions from/to this Account, nor are they responsible for the tax consequences of such transactions.
- The Canada Revenue Agency will provide to the Trustee information about me (i.e., taxpayer information) that is necessary to administer and enforce this Account.

X

Representative's Signature

Date (YYYY-MM-DD)

X

Representative's Signature

Date (YYYY-MM-DD)

X

Representative's Signature

Date (YYYY-MM-DD)

RESERVED TO THE SALES AGENT

(Institution - Branch)
Sales agent number

Sales agent's name

Date (YYYY-MM-DD)