



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

Participant Number

Name

Number

Street

Apt..

P.O. Box

City

Prov.

Postal code

IDENTIFICATION OF THE REPRESENTATIVE

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.

☐ 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

Payments⁽²⁾:
Amount

Payment method

Amount purchased

Product

Rate(s)

Interest⁽¹⁾

Term

Payments⁽²⁾:
Amount

Payment method

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

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.

Participant Number

SIGNATURE

I hereby apply to participate in the book based system managed by   pargne Placements Qu  bec. 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, enacted by order in council number 1129-2008 of December 10, 2008 (2008, G.O. 2, p. 6425A), 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   pargne Placements Qu  bec. I acknowledge that any transaction is subject to the tax laws and regulations and that   pargne Placements Qu  bec will carry out the deductions at source stipulated therein.

I declare that I have read the general information, available at epq.gouv.qc.ca, and that I will comply with them.

I acknowledge that I have read and understand the Privacy Policy, available at epq.gouv.qc.ca, and consent to the collection, use and disclosure of my personal information by   pargne Placements Qu  bec in accordance with the provisions of this policy.

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's name	Date (YYYY-MM-DD)
Sales agent number		