

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

Name

Number

Street

P.O. Box

City

Prov.

Postal code

Telephone

Fax

Participant Number

Business number :

Québec (NEQ - 10 digits)

Canada (BN - 9 digits)

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.

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, 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 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.

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 Épargne Placements Québec in accordance with the provisions of this policy.

X

Attorney's Signature

Date (YYYY-MM-DD)

X

Attorney's Signature

Date (YYYY-MM-DD)

X

Attorney's Signature

Date (YYYY-MM-DD)

RESERVED TO THE SALES AGENT

(Institution - Branch)
Sales agent number

Sales agent's name

Date (YYYY-MM-DD)