



IDENTIFICATION OF THE PARTICIPANT

Participant Number

Last name and first name or corporate name

Number

Street

Apt.

P.O. Box

City

Prov.

Postal code

DESIGNATION OF REPRESENTATIVES

A) TYPE OF REPRESENTATIVES (check the appropriate box):

- ☐ Father or mother of a minor child.
- ☐ Plurality of tutors, curators or mandataries designated in anticipation of incapacity or by power of attorney.
- ☐ Plurality of liquidators of a succession.
- ☐ Plurality of trustees of a foundation or trust.

B) IDENTIFICATION OF SIGNATORIES (check the appropriate box):

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

We designate the person or persons whose name(s) is (are) given below as representative(s) authorized to act on our behalf for anything concerning the bookbased system managed by Épargne Placements Québec, including, without limiting the scope, participation, purchases, sales, transfers, redemption, requests and, if applicable, production of and possible change to the banking information of the participant.

We understand that this designation will be considered valid until the date of receipt, by Épargne Placements Québec, of a new designation, in accordance with section 26 of the Regulation respecting savings products.

C) IDENTIFICATION OF THE REPRESENTATIVES

The representative must enclose with this form the original (or a certified copy) of the act or the 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 of a minor child.

☐ Ms. ☐ Mr.

Last name

First name

Date of birth  
(YYYY-MM-DD)

Telephone (home)

Telephone (work)

Ext.

Mother's maiden name

Email

X

Signature

☐ Ms. ☐ Mr.

Last name

First name

Date of birth  
(YYYY-MM-DD)

Telephone (home)

Telephone (work)

Ext.

Mother's maiden name

Email

X

Signature

☐ Ms. ☐ Mr.

Last name

First name

Date of birth  
(YYYY-MM-DD)

Telephone (home)

Telephone (work)

Ext.

Mother's maiden name

Email

X

Signature

RESERVED TO THE SALES AGENT

(Institution - Branch)

Sales agent's name

Date (YYYY-MM-DD)

Sales agent number