



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

☐ Ms. ☐ Mr.

Participant Number

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 CONTRIBUTING SPOUSE (Information to be provided **only** if it is a spousal plan)

☐ 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

Payments⁽²⁾:

Amount

Payment method

Other

Amount purchased

Product

Rate(s)

Interest⁽¹⁾

Term

Payments⁽²⁾:

Amount

Payment method

Other

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:

Description of the product to be transferred

Maturity date

Face value

Term

Interest⁽¹⁾

Transfer instruction

Total

☐

Partial

☐

Specific face value

Description of the product to be transferred

Maturity date

Face value

Term

Interest⁽¹⁾

Transfer instruction

Total

☐

Partial

☐

Specific face value

Participant Number

PERIODIC SAVINGS by bank withdrawals (specimen personal cheque required)

Amount per instalment (minimum of \$10)

☐ Weekly

☐ Every two weeks

☐ Monthly

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   pargne Placements Qu  bec for the first instalment to be drawn from the bank account

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   pargne Placements Qu  bec 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   pargne Placements Qu  bec.

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 also hereby request the establishment of one of the following accounts: the Tax-Free Savings Account, the Qu  bec Locked-In Retirement Account, ("Account"), the Qu  bec Retirement Savings Plan ("Plan"), the Qu  bec Life Income Fund or the Qu  bec Retirement Income Fund ("Fund"), as the case may be, each of these accounts constituting moreover a registered Account, Plan or Fund within the meaning of the applicable tax legislation.

I request that Natcan Trust Company, 1100, rue University, Montr  al (Qu  bec) H3B 2G7, trustee of this Account, Plan or Fund, have this participation registered in compliance with the tax legislation. 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.

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 number

Sales agent's name

Date (YYYY-MM-DD)