

**DECLARATION PERTAINING TO UPDATE OF A SEPARATE ACCOUNT**

**Important**

*The Autorité des marchés financiers (the “AMF”) is authorized to require and obtain at all times, from your institution, any information, explanation or copy of a document which is necessary or useful for purposes of verifications in respect of such account.*

**For the application of *An Act respecting the distribution of financial products and services* (CQLR, c. D-9.2) and the regulations enacted thereunder.**

- If you are a firm / independent partnership / independent representative, you must make your declaration to the following financial institution:

INFORMATION ABOUT THE FINANCIAL INSTITUTION							
Name of financial institution							
Civic No.		Street			Suite / Unit		
Municipality			Province		Postal code		
Telephone		Ext.		Fax			

**And send a copy to the AMF at:**

Place de la Cité, tour Cominar  
2640, boulevard Laurier, bureau 400  
Québec (Québec) G1V 5C1

- If you are a financial institution, your declaration need only be made to the AMF at the above address.

**Joint declaration**

**I, the undersigned, as officer of the firm / partner of the independent partnership / an independent representative having its / my principal establishment at:**

INFORMATION ABOUT THE BUSINESS AND THE OFFICER / PARTNER / INDEPENDENT REPRESENTATIVE					
Client No. (10 digits)		NEQ (10 digits)			
Name of business					
Mr. <input type="checkbox"/>	First name		Last name		
Ms. <input type="checkbox"/>					
Signature			Date	____ / ____ / ____ year month day	

## SCHEDULE – UPDATE OF SEPARATE ACCOUNT

Firm / Independent partnership / Independent representative

MAIN ADDRESS					
Civic No.		Street		Suite / Unit	
Municipality			Province		Postal code
Telephone			Fax		
E-mail					

INFORMATION ABOUT THE SEPARATE ACCOUNT	
No. of separate account held at the financial institution	

**Declare the following:**

- The separate account is open at the financial institution whose information appears above.
- This account is composed of amounts which are received or collected on behalf of others by the firm / independent partnership / me in the pursuit of its / my activities governed by the Act and the regulations enacted thereunder.
- This account is governed by the Act and the regulations enacted thereunder.
- In accordance with the financial institution's records, the persons whose names and signatures appear hereinafter are authorized to sign on behalf of the firm / independent partnership / on my behalf any document pertaining to the day-to-day operations of such account:

INFORMATION ABOUT AUTHORIZED SIGNATORIES					
AUTHORIZED SIGNATORY NO. 1					
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name		Last name	
Signature				Date	____ / ____ / ____ year      month      day
AUTHORIZED SIGNATORY NO. 2					
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name		Last name	
Signature				Date	____ / ____ / ____ year      month      day

## SCHEDULE – UPDATE OF SEPARATE ACCOUNT

Firm / Independent partnership / Independent representative

### SWORN STATEMENT

In witness whereof, I (officer / partner / independent representative) have signed:

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name	Last name
Signed in		Date	
		____ / ____ / ____ year      month      day	
Signature			

Declared under oath before me (Commissioner for Oaths):

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name	Last name
Judicial district		Commission No.	
Signed in		Date	
		____ / ____ / ____ year      month      day	
Signature			