

DECLARATION PERTAINING TO THE ABSENCE 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.

Declaration made to:

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

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

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

Information about the business and the responsible officer / responsible partner / independent representative

Client No. (10 digits)		NEQ (10 digits)
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Name of business

Mr. Ms.	First name	Last name
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Signature		Date
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Main address of the firm / independent partnership / independent representative

Civic No.		Street	Suite / Unit
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Municipality		Province	Postal code
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Telephone		Fax
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E-mail	
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Declare the following:

- The firm / independent partnership does not / I do not intend to receive or collect any amounts on behalf of others in the pursuit of its / my activities governed by the Act and the regulations enacted thereunder.
- If, following this declaration, the firm or independent partnership receives or collects / I receive or collect amounts on behalf of others in the pursuit of its / my activities, it undertakes / I undertake to comply with the provisions of the Act and the regulations enacted thereunder respecting the establishment and maintenance of a separate account.

Information Centre

Toll-free: 1-877-525-0337
Québec City: 418-525-0337
Montréal: 514-395-0337

www.lautorite.qc.ca

SCHEDULE – ABSENCE OF SEPARATE ACCOUNT
Firm / Independent partnership / Independent representative

Sworn statement

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

Mr. Ms.	First name	Last name	
Signed in			Date
Signature			

Declared under oath before me (Commissioner for Oaths):

Mr. Ms.	First name	Last name	
Judicial district		Commission No.	
Signed in			Date
Signature			