

## DECLARATION PERTAINING TO THE OPENING 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 (the “Act”) and the regulations enacted thereunder.**

If you are a firm or an independent partnership, 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:**

Autorité des marchés financiers  
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 the responsible officer of the firm / the 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)	
Name of business		
Mr. Ms	First name	Last name
Signature	Date	

## SCHEDULE – OPENING OF SEPARATE ACCOUNT

Firm / Independent partnership / Independent representative

### Main address of the firm / independent partnership / independent representative

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. Ms.	First name	Last name
Signature		Date

Authorized signatory no. 2

Mr. Ms.	First name	Last name
Signature		Date

## SCHEDULE – OPENING 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		