



As part of its money laundering risk mitigation procedures, Desjardins Insurance requires this third-party contribution form to be filled out when a third party (the "Third Party Contributor") wishes to contribute to an account for which they are not the account holder.

This form should **only** be used in the following situations:

- When contributions are made by the employer to the account holder's RRSP;
- When the cheque, bank draft or funds transfer is from a bank account belonging to someone other than the account holder for their non-registered account

Any other situation where a third party wishes to contribute is prohibited.

IMPORTANT: the completed form must be kept in the Client's file. This form does not replace a Letter of Direction (required).

1. Client Informati	on										
Client Name								lient No.	Account No.		
Representative Name							R	eprensentative Code	Financial Centre Code		
2. Third Party Cor									'		
Individual (applicable f	or contributions t	o a non-reg	gistered accoun	it)							
☐ Mr. First Name ☐ Ms. First Name					Initial	Last Name	ue e				
Date of Birth (MM/DD/YYYY)	pation (e.g. Build	(e.g. Building Engineer)				Relationship with the Client					
Civic/RR No. Street Name/RR Street Direction Unit No.											
City			Province/St	Province/State F		Postal Code/ZIP		/			
Entity (Certificate of inc	corporation is ma	ndatory. Fo	⊥ or an EFT payr	nent, obtain tl	he signat	ure of third	party con	tributor and also at	ach resolution.)		
Entity Name				Federal Business/Trust No.			Provincial Business/Trust No.				
Country of Incorporation Description of Ac			Activities (eg, as	 ivities (eg, asset management, car dealer)				Relationship with the Client			
Civic/RR No. Street	Name/RR						Stree	et Type Street	Direction Unit No.		
City			Province/St	Province/State		Postal Code/ZIP Co		Country			
2 Thind Down Con	. 4 willa v . 4 i a va										
3. Third Party Cor	uribution										
☐ One Time								Frequency Options: Annual ; Last Day Annual (annual on the last business day of the month); Semi-Annual (twice per year);			
Date (MM/DD/YYYY) Amount (\$)		Cheque Electronic Funds Tra			Las		Last Day	Last Day Semi-Annual (semi-annual on the last business day of the month); Quarterly (every three months); Last Day			
☐ Pre-Authorized Ch	nequing ("PAC	')					Monthly;	Last Day Monthly (la	business day of the month); ast business day of each month);		
Start Date (MM/DD/YYYY)	Amount per perio	od (\$) PAC	C Frequency	Stop [Date (MM/I	DD/YYYY)	 Semi-Monthly (twice per month); Last Day Semi-Monthly (on the 15th and the last business day of each month); Bi-Weekly (every two weeks); Weekly 				

4. Third Party EFT Authorization (mandatory	: attach personalized	void cheque and third	party contributor signature at secti	on 5)								
Name(s) of bank account owner(s)												
	1	T=	T									
Financial Institution Name	Institution Number	Transit Number	Account Number									
5 Cimmatuma												
5. Signatures												
Client authorization obtained via LTA (for guaranteed investment funds only). The representative must collect the information from the client and inform the client about possible tax impacts, if necessary.												
	Y											
Client Name (print)		Signature of Client/Au	thorized Signatory	Date (MM/DD/YYYY)								
	Х											
Joint Client Name (print)		Signature of Joint Clie	ent/Authorized Co-Signatory	Date (MM/DD/YYYY)								
	×											
Third Party Contributor/Bank Account Owner Name (print)		Signature of Third Par (mandatory for EFT)	ty Contibutor/Bank Account Owner	Date (MM/DD/YYYY)								
	X											
Representative Name (print)		Signature of Represe	ntative	Date (MM/DD/YYYY)								