

ACCESS FORM REQUEST

ENABLE* (NEW USER, RETURN FROM WORK LEAVE)
 * USER MUST READ AND SIGN THE CONFIDENTIALITY AGREEMENT

DISABLE (USER GOING ON TEMPORARY LEAVE)


REVOKE (USER LEAVING PERMANENTLY)


START DATE: DD/MM/YYYY **STOP DATE:** DD/MM/YYYY

IDENTIFICATION			
FIRST NAME		PHONE NUMBER	
LAST NAME		FINANCIAL CENTER	
BIRTH DATE <small>DD/MM/YYYY</small>		ASSET TAG NUMBER	
LAST THREE DIGIT OF SIN		MODEL USER	

OCCUPATION			
	MANAGING DIRECTOR		ADMINISTRATIVE STAFF
	BRANCH MANAGER		ADVISOR
	CO-BRANCH MANAGER		ADVISOR ASSISTANT

ACCESS			
	UNIVERIS		MY SERV
	BRANCH AND/OR SUB BRANCH CODE:		BRANCH AND/OR SUB BRANCH CODE:
	REP CODE:		REP CODE:
	WEBI		OTHER (SPECIFY):
	REP CODE:		
	COMPENSATION STATEMENT		SPECIAL INSTRUCTIONS:
	CLIENT'S PORTFOLIOS		
PENDING BUSINESS			
	FULL ACCESS TO FINANCIAL CENTRE		
	UNIFIED MESSAGING SOLUTION * (EXCHANGE)		KRONOS
	<small>* PLEASE INCLUDE THE SUBSCRIPTION FORM</small>		<small>* PLEASE INCLUDE THE SUBSCRIPTION FORM</small>

	THIS SECTION IS ONLY FOR ADMINISTRATIVE STAFF OF THE FIELD OFFICE
	SCANNING (SIGNATURE CERTIFICATE)
	CENTRE'S GENERAL MAILBOX (SPECIFY):

 CONFIRMATION	MANDATORY FOR NON MUTUAL FUNDS LICENSED ADMINISTRATORS IN A FIELD OFFICE OR ADVISOR'S ASSISTANT REQUESTING UNIVERIS ACCESS
YES	I HAVE READ AND SIGNED THE AGREEMENT ON THE BACK OF THIS PAGE

SIGNATURE : _____ ADVISOR SIGNATURE* : _____

*REQUIRED IF THE ADMINISTRATOR IS HIRED BY THE ADVISOR DIRECTLY

DATE : _____

AGREEMENT PERTAINING TO THE CONFIDENTIALITY OF PERSONAL INFORMATION AND COMPLIANCE WITH THE DEALER'S POLICIES AND PROCEDURES

Required for Administrators in a Field Office and Advisor Assistant Requesting Univeris Access

Administrator Name: _____

Field Office Name & Number: _____

Branch Manager Name: _____

Advisor Name*: _____

*(*Required if the Administrator is hired by the Advisor directly)*

I understand that in the context of my functions, I will have access to a variety of sensitive information, such as but not limited to, names, addresses, ages, beneficiaries or financial situations of clients of Desjardins Financial Security Life Assurance Company (hereinafter the "Insurer"), Desjardins Financial Security Investments Inc., whom also operates under the business name SFL Investments, Financial services firm (hereinafter the "Dealer") and Desjardins Independent Network Insurance Inc., also known under the business names SFL Insurance, Desjardins Independent Network Insurance Agency and, in BC, under the assumed name Desjardins Independent Network Insurance Agency Inc. (hereinafter the "Agency"), as well as other information contained in client files. In addition, I will have access to information that are trade secrets and confidential business information wholly owned by the Dealer and/or the Agency and/or the Insurer (collectively referred to as "Confidential Information").

I agree to protect the confidentiality of the Confidential Information both during and after my tenure within the Field Office.

I understand that I am expected to perform my duties and conduct myself in a professional and ethical manner at all times within the Field Office and abide by the Dealer's Policies and Procedures that will be disclosed to me from time to time.

I agree to use the Confidential Information solely for the purpose for which it was provided in compliance with the applicable legislation and in accordance with the Dealer's Policies and Procedures. In particular, and without limiting the generality of the foregoing, I agree not to disclose the Confidential Information to anyone outside the Dealer and/or the Agency and/or the Insurer as required, and I agree not to disclose the Confidential Information inside the Field Office unless it appears necessary for the performance of my work. Furthermore, it is agreed that I will not use the Confidential Information for my own benefit.

I understand that any violation of the aforementioned undertaking may lead to, among other, corrective or disciplinary measures, and, as the case may be, potential termination of my employment. I also understand and agree that I am responsible for any damages incurred by the Dealer and/or the Agency and/or the Insurer as a result of any breach of my obligations and undertake to take all necessary measures to end such breach.

By signing this document, I agree to fulfill and carry out my obligations and job duties in accordance with these expectations.

Signed at: _____, this _____ day of _____, _____

Administrator Signature

Branch Manager Signature

Advisor Signature (if applicable)