

# Account Opening

For all account types,  
except DFS Investments Self-directed accounts



**Desjardins**  
**Financial Security®**  
Investments Inc.

# ACCOUNT OPENING

(For all account types, except the dealer Self-Directed Accounts)

REPRESENTATIVE NAME (PLEASE PRINT) \_\_\_\_\_ DEALER CODE \_\_\_\_\_ REPRESENTATIVE CODE \_\_\_\_\_ BRANCH CODE \_\_\_\_\_

## 1. ACCOUNT TYPE

INDIVIDUAL     IN TRUST FOR A MINOR     CORPORATION  
 JOINT-TIC     JOINT-WROS (NOT FOR QC)     OTHER \_\_\_\_\_

## 2. APPLICANT(S) INFORMATION

MAILING  ENGLISH  FRENCH

ACCOUNT ACQUIRED  ADVERTISING  REFERRAL  EXISTING CLIENT  PHONE CALL  RELATED  SEMINAR  OTHER \_\_\_\_\_

APPLICANT  MR.  MRS.  MS.  DR.  CORPORATION (attach Resolution and Articles of Incorporation)  MALE  FEMALE

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ SIN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
D | D | M | M | Y | Y | Y | Y

STREET, APT. \_\_\_\_\_ HOME PHONE \_\_\_\_\_ PHONE  Fax  Other \_\_\_\_\_  
( ) - ( ) -

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

JOINT APPLICANT (complete if applicable)  MR.  MRS.  MS.  DR.  SAME ADDRESS AS APPLICANT  MALE  FEMALE

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ SIN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
D | D | M | M | Y | Y | Y | Y

STREET, APT. \_\_\_\_\_ HOME PHONE \_\_\_\_\_ PHONE  Fax  Other \_\_\_\_\_  
( ) - ( ) -

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

IN TRUST FOR A MINOR (complete if applicable)  MALE  FEMALE  OTHER (specify) \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ SIN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
D | D | M | M | Y | Y | Y | Y

## 3. APPLICANTS' PERSONAL AND FINANCIAL INFORMATION (must be collected in compliance with laws and rules in force)

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ AREA OF ACTIVITY \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_  
( ) -

NUMBER OF DEPENDENTS \_\_\_\_\_ IDENTITY VERIFICATION  DRIVER'S LICENSE  HEALTH INS.\*  BIRTH CERTIFICATE  PASSPORT  CITIZENSHIP CARD  
\* Not permitted in Manitoba, Ontario, Quebec and Prince Edward Island. NO \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_  
D | D | M | M | Y | Y | Y | Y

NAME OF FINANCIAL INSTITUTION (attach specimen of personal cheque) \_\_\_\_\_

TRANSIT NUMBER \_\_\_\_\_ INSTITUTION NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

SPOUSE FIRST NAME \_\_\_\_\_ SPOUSE LAST NAME \_\_\_\_\_ SPOUSE OCCUPATION \_\_\_\_\_

ANNUAL INCOME  < \$30,000  \$30,000 TO \$49,999  \$50,000 TO \$99,999  \$100,000 TO \$149,999  > \$150,000

INVESTMENT KNOWLEDGE  NOVICE  FAIR  GOOD  SOPHISTICATED

NET WORTH  < \$25,000  \$25,000 TO \$49,999  \$50,000 TO \$99,999  \$100,000 TO \$299,999  > \$300,000

JOINT APPLICANT (complete if applicable)

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ AREA OF ACTIVITY \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_  
( ) -

NUMBER OF DEPENDENTS \_\_\_\_\_ IDENTITY VERIFICATION  DRIVER'S LICENSE  HEALTH INS.\*  BIRTH CERTIFICATE  PASSPORT  CITIZENSHIP CARD  
\* Not permitted in Manitoba, Ontario, Quebec and Prince Edward Island. NO \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_  
D | D | M | M | Y | Y | Y | Y

NAME OF FINANCIAL INSTITUTION (attach specimen of personal cheque) \_\_\_\_\_

TRANSIT NUMBER \_\_\_\_\_ INSTITUTION NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

SPOUSE FIRST NAME \_\_\_\_\_ SPOUSE LAST NAME \_\_\_\_\_ SPOUSE OCCUPATION \_\_\_\_\_

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NET WORTH  < \$25,000  \$25,000 TO \$49,999  \$50,000 TO \$99,999  \$100,000 TO \$299,999  > \$300,000

**4. INVESTMENT OBJECTIVES** (collected in accordance with regulatory requirements)

All existing KYCs in the same plan category will be updated with the new information.

<b>PLAN CATEGORY</b>	<input type="checkbox"/> OPEN	<input type="checkbox"/> REGISTERED SAVINGS	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> RETIREMENT INCOME	<input type="checkbox"/> PENSION SAVINGS	<input type="checkbox"/> OTHER _____
<b>OBJECTIVES*</b>	INCOME _____%	MEDIUM TERM GROWTH _____%	LONG TERM GROWTH _____%	BALANCED _____%	SPECULATIVE _____%	
<b>RISK TOLERANCE</b>	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM HIGH	<input type="checkbox"/> HIGH	
<b>TIME HORIZON</b>	<input type="checkbox"/> 1 - 3 YEARS	<input type="checkbox"/> 4 - 5 YEARS	<input type="checkbox"/> 6 - 9 YEARS	<input type="checkbox"/> > 10 YEARS		

<b>PLAN CATEGORY</b>	<input type="checkbox"/> OPEN	<input type="checkbox"/> REGISTERED SAVINGS	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> RETIREMENT INCOME	<input type="checkbox"/> PENSION SAVINGS	<input type="checkbox"/> OTHER _____
<b>OBJECTIVES*</b>	INCOME _____%	MEDIUM TERM GROWTH _____%	LONG TERM GROWTH _____%	BALANCED _____%	SPECULATIVE _____%	
<b>RISK TOLERANCE</b>	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM HIGH	<input type="checkbox"/> HIGH	
<b>TIME HORIZON</b>	<input type="checkbox"/> 1 - 3 YEARS	<input type="checkbox"/> 4 - 5 YEARS	<input type="checkbox"/> 6 - 9 YEARS	<input type="checkbox"/> > 10 YEARS		

<b>PLAN CATEGORY</b>	<input type="checkbox"/> OPEN	<input type="checkbox"/> REGISTERED SAVINGS	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> RETIREMENT INCOME	<input type="checkbox"/> PENSION SAVINGS	<input type="checkbox"/> OTHER _____
<b>OBJECTIVES*</b>	INCOME _____%	MEDIUM TERM GROWTH _____%	LONG TERM GROWTH _____%	BALANCED _____%	SPECULATIVE _____%	
<b>RISK TOLERANCE</b>	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM HIGH	<input type="checkbox"/> HIGH	
<b>TIME HORIZON</b>	<input type="checkbox"/> 1 - 3 YEARS	<input type="checkbox"/> 4 - 5 YEARS	<input type="checkbox"/> 6 - 9 YEARS	<input type="checkbox"/> > 10 YEARS		

<b>PLAN CATEGORY</b>	<input type="checkbox"/> OPEN	<input type="checkbox"/> REGISTERED SAVINGS	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> RETIREMENT INCOME	<input type="checkbox"/> PENSION SAVINGS	<input type="checkbox"/> OTHER _____
<b>OBJECTIVES*</b>	INCOME _____%	MEDIUM TERM GROWTH _____%	LONG TERM GROWTH _____%	BALANCED _____%	SPECULATIVE _____%	
<b>RISK TOLERANCE</b>	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM HIGH	<input type="checkbox"/> HIGH	
<b>TIME HORIZON</b>	<input type="checkbox"/> 1 - 3 YEARS	<input type="checkbox"/> 4 - 5 YEARS	<input type="checkbox"/> 6 - 9 YEARS	<input type="checkbox"/> > 10 YEARS		

<b>PLAN CATEGORY</b>	<input type="checkbox"/> OPEN	<input type="checkbox"/> REGISTERED SAVINGS	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> RETIREMENT INCOME	<input type="checkbox"/> PENSION SAVINGS	<input type="checkbox"/> OTHER _____
<b>OBJECTIVES*</b>	INCOME _____%	MEDIUM TERM GROWTH _____%	LONG TERM GROWTH _____%	BALANCED _____%	SPECULATIVE _____%	
<b>RISK TOLERANCE</b>	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM HIGH	<input type="checkbox"/> HIGH	
<b>TIME HORIZON</b>	<input type="checkbox"/> 1 - 3 YEARS	<input type="checkbox"/> 4 - 5 YEARS	<input type="checkbox"/> 6 - 9 YEARS	<input type="checkbox"/> > 10 YEARS		

\*Indicate a maximum of 4 objectives by plan category. The total percentage must equal 100%.

**5. GENERAL INFORMATION** (collected in accordance with regulatory requirements, with the exception of Quebec)

- Will any other person(s) than the one(s) mentioned under Section 2 of this document have trading authorization in this account?  
 No  Yes, provide particulars in Section 6 of this document.
- Are you borrowing to invest?  No  Yes, provide particulars in Section 6 of this document. The "Statement of Disclosure" document includes a mandatory warning on leveraging. We strongly recommend you read it carefully.
- Will the account be used by or on behalf of a third party?  No  Yes, provide particulars in Section 6 of this document and indicate the name, address, occupation (type of business), incorporation number (for entity) and relationship with the account holder.

**6. SPECIAL INSTRUCTIONS****7. AUTHORIZATION**

I, the undersigned, acknowledge that I have been informed of and have received the following documents: Statement of Disclosure, the Mutual Fund Dealers Association Client Complaint Information and the Dual Occupation Disclosure (if applicable).

The client who lives in the Province of Quebec agrees that the Province of Quebec laws shall apply to all aspects of the relationship between Desjardins Financial Security Investments Inc. and himself/herself in accordance with the provisions of the Hague Convention on the Law Applicable to certain rights in respect of securities held with an Intermediary.

APPLICANT SIGNATURE \_\_\_\_\_

JOINT APPLICANT SIGNATURE \_\_\_\_\_

DATE (DD/MM/YYYY) \_\_\_\_\_

REPRESENTATIVE SIGNATURE \_\_\_\_\_

DATE (DD/MM/YYYY) \_\_\_\_\_

AUTHORIZED BRANCH/CO-BRANCH MANAGER SIGNATURE \_\_\_\_\_

DATE (DD/MM/YYYY) \_\_\_\_\_

Mutual funds are distributed through Desjardins Financial Security Investments Inc.

07015E (07-10)

ORIGINAL: DEALER

COPY 2: CLIENT

COPY 3: REPRESENTATIVE

COPY 4: BRANCH

Where **quality** and  
**service** meet

