

Request to grant or revoke access to plan information and plan members' personal information

About the Plan sponsor services website

Desjardins Financial Security Life Assurance Company (Desjardins Insurance) provides plan information through its Plan sponsor services website. This website is designed to simplify the day-to-day administration of your plan(s). It provides detailed financial and non-financial information about plan members. The site uses advanced security technology and ensures plan information is accessed by authorized individuals only.

Protection of personal information

Canadian laws on the protection of personal information require Desjardins Insurance to protect the confidentiality of any personal information it collects about group retirement plan members. These laws also require Desjardins Insurance to limit access to this information exclusively to those individuals who administer their organization's retirement savings plan(s).

Beyond the requirements of the law, we have a professional obligation to respect the confidentiality of personal information of each plan member enrolled in a plan. In order to grant access to plan information and/or plan members' personal information on our website, we need to know who requires access to certain plan information.

For your part, the implementation of a confidentiality and personal information policy within your organization allows your employees, to whom access is granted, to have a common understanding of the importance of privacy protection and the protection of all personal information to which they have access.

Who should complete this form?

The attached form should be completed by the **plan sponsor**, or an individual in your organization who is an official **Authorized Signing Officer**. This person will be responsible for authorizing Desjardins Insurance to provide appropriate access to plan information and plan member information to designated individuals.

Please have the Authorized Signing Officer complete Parts 1 and 2 of this form and return it to Desjardins Insurance.

Please retain a copy for your records and return the completed and secured form to

IMPORTANT: Since the form contains personal information, you must secure it before sending.

For more details on how to secure files, contact us at 1-888-510-4762

The plan information and plan members' personal information available on the Plan sponsor services website will depend on the level of access the Authorized Signing Officer grants to authorized users.

Level of access	Role	Internet access	Report type		
Full access: (Plan member information and plan financial information)	Plan Administrator Representative* *Representative: This person can be an intermediary, advisor, consultant or broker. The representative could ask Desjardins Insurance to grant access to certain of his or her employees according to the procedure implemented by Desjardins Insurance.	Report centre Information menus EDT-related menus Participant management Participant files Transaction history Personalized extract	Group Investment Report Missing Information Report Participant Experience Report Financial Report Participant Summary Statement VRSP Participation Report New Participant Report Participant Contribution Report Special Contributions Report Transaction History Personalized extract		
Plan Administrator Representative* *Representative: This person can be an intermediary, advisor, consultant or broker. The representative could ask Desjardins Insurance to grant access to certain of his or her employees according to the procedure implemented by Desjardins Insurance.		Report centre Information menus Transaction history Personalized extract	Group Investment Report		
Role-specific access	Group Manager This person does not administer the plan; they oversee the plan at a high level.	Report centre Information menus EDT-related menus Participant management Transaction history Personalized extract	Group Investment Report Missing Information Report Transaction History Personalized extract New Participant Report		
	Remittance Manager This person is responsible for contribution remittances; they can access plan information only.	Report centre Information menus EDT-related menus Participant management Transaction history Personalized extract	Missing Information Report Transaction History Personalized extract New Participant Report		



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Part 1

1 – PLAN IN	FORMATION							
Group number		Group name	name					
Company address (Street number, Street name			me, Suite) City			Province	Postal code	
2 – AUTHOR	RIZED SIGNIN	IG OFFICE	R New	Existin	g (Complete only Nam	e, Title and Signature)		
Gender	Language of cor	respondence	Name (first, last)					
\square M \square F	☐ French ☐	English						
Title	I							
Company addre	ess (Number, Stree	et name, Suite	2)	City		Province	Postal code	
Telephone num	ber	F	Fax number		Email address		-	
As the Authoris	zod Signing Offi	oor for acces	as to the plan informa	tion and plan m	ambar paragnal inform	nation available on the Plan sponso	or convices website	
	o accept the foll		•	ilion and pian n	lember personal inform	iation available on the Flan sponst	il services website,	
a. I agree to a	vise Desjardins	Insurance o	of each person author	ized to access p	olan information and/or	plan member personal information.		
· ·	•		•			i ations granted to view plan informati		
personal info	ormation.	·	-		•		·	
c. I accept resp	oonsibility for an	y misuse of	information by the au	thorized adminis	strator(s) and/or repres	entative(s), if applicable.		
d. I agree to lir Canada.	nit access to pla	an member p	personal information to	o administrator(s	s) and/or representative	e(s) in accordance with the privacy	egislation in effect in	
e. I confirm tha	it all representat	tives whom I	authorize to have full	access to the s	site provide advisory se	rvices to the plan members.		
						sor services website at any time, w r to allow for maintenance or for oth		
•	\ /					n member personal information in information that may occur as a re-		
expressed or i	•	accuracy, a	dequacy or complete	•		on the Plan sponsor services well s Insurance is not responsible for a	•	
				v				

Signature of Authorized Signing Officer

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Date (YYYY-MM-DD)



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Part 2

3 - IDENTIFICATION C	F THE EMPLO	YEE REQUIRING REVO	OCATION OF	ACCESS				
Revoke access to previous:								
	ttance Manager	Representative's employee		<u> </u>	entative			
First name			Last na	me				
4 - CONSENT TO ABID	E BY ESTABL	SHED REGULATIONS						
I accept the responsibility a authorized under Section 5	•	nisuse my access to persor	nal plan membe	er and/or plan info	rmation ma	ay incur in keeping with the level of a	ccess	
						vill immediately notify Desjardins Insu has been unauthorized use of my U		
Any or all services offered of	on the Desjardins	Insurance Plan sponsor serv	rices website ma	y be cancelled at a	ny time with	out notice.		
 Desjardins Insurance will 	not be held liabl	e for any loss or inconvenie	ence that may ir	ncur as a result of	this cancel	llation.		
5 - IDENTIFICATION C	F THE EMPLO	YEE REQUIRING ACC	1	New access	Мо	dification		
Level of access	Full access		Restricted ac	cess		Role-specific access		
Check only one level of access Plan Admini				Plan Administrator Representative		Group Manager Remittance Manager		
First name			Last name					
Title			Email					
MANDATORY INFORMAT (about the person requiri		Date of birth (YYYY-MM-DD)		Mother's first name	•			
Complete if different from	om address in	DART 1 (Section 2 - Aut	thorized Sign	ing Officer)				
Company address (Street num		-	inonizea sign	ing Officer,				
City	Province	:	Postal code	Telephone nu	mber			
All subgroups or	I		<u>I</u>					
Subgroup number Su	ibgroup name		Su	bgroup number	Subgroup	name		
Cub amount mumbber Cu				h	Cultura			
	ibgroup name	and the control of the first of the control of	Su	bgroup number	Subgroup	name		
Notify me by email each	•		d the requision	sa indicated in acc	tion 1			
By signing below, you are co	oninining that yo	u nave read and understoo	u me regulation	is muicaled in Sec	uOH 4.			

Signature

Date (YYYY-MM-DD)



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Level of access	Full access		Restricted ac	ccess	Role-specific access	Role-specific access	
Check only one level of access	Plan Adm		Plan Administrator		Group Manager		
	Represen	tative	☐ Represent	tative	☐ Remittance Mana	☐ Remittance Manager	
First name			Last name				
Title			Email				
MANDATORY INFORMA		Date of birth (YYYY-MM-	-DD)	Mother's first name			
(about the person requ							
Commission of different		- DADT 1/Castion 2	Ath a wine of Cinn	in a Officer)			
Complete if different to Company address (Street nu			Authorized Sign	ling Officer)			
	,	,					
City	Provin	ce	Postal code	Telephone numbe	er		
All subgroups or							
All subgroups or							
Subgroup number	Subgroup name		Sı	ubgroup number Su	ubgroup name		
Subgroup number	Subgroup name			 ubgroup number Su	ubgroup name		
Notify me by email each		nort is available online		abgroup number — Co	abgroup name		
⊒ Notify the by email eac By signing below, you are			rstood the regulation	ns indicated in section	1 Δ		
by digiting bolow, you are	comming that	you have roug and andor	otood the regulation	no maioatoa in ocotion	. 7.		
			X Signature			Date (YYYY-MM-DE	
Level of access	Full access		Restricted ac	ccess	Role-specific access		
Check only one level	☐ Plan Administrator		☐ Plan Admi		Group Manager	<u>-</u>	
of access	Represen		Represent		Remittance Manag	ger	
First name			Last name				
Title			Email				
	,						
MANDATORY INFORMA		Date of birth (YYYY-MM-	-DD)	Mother's first name			
(about the person requ	iring access)						
Complete if different	from address i	n PART 1 (Section 2 -	Authorized Sign	ning Officer)			
Company address (Street nu	ımber, Street name	, Suite)					
City	Provin	ce	Postal code	Telephone numbe	er		
All subgroups or							
Subgroup number	Subgroup name		Sı	Subgroup number Subgroup name			
Subgroup number	Subgroup name			 ubgroup number Su	ubgroup name		
Notify me by email each		oort is available online		J	J		
By signing below, you are			rstood the regulatio	ns indicated in section	14.		
•			-				
			X				
			Signature			Date (YYYY-MM-DE	



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First name			Last name				
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(about the person requ							
Commission of different		- DADT 1/Castion 2	Ath a wine of Cinn	in a Officer)			
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City	Provin	ce	Postal code	Telephone numbe	er		
All subgroups or							
All subgroups or							
Subgroup number	Subgroup name		Sı	ubgroup number Su	ubgroup name		
Subgroup number	Subgroup name			 ubgroup number Su	ubgroup name		
Notify me by email each		nort is available online		abgroup number — Co	abgroup name		
⊒ Notify the by email eac By signing below, you are			rstood the regulation	ns indicated in section	1 Δ		
by digiting bolow, you are	comming that	you have roug and andor	otood the regulation	no maioatoa in ocotion	. 7.		
			X Signature			Date (YYYY-MM-DE	
Level of access	Full access		Restricted ac	ccess	Role-specific access		
Check only one level	☐ Plan Administrator		☐ Plan Admi		Group Manager	<u>-</u>	
of access	Represen		Represent		Remittance Manag	ger	
First name			Last name				
Title			Email				
	,						
MANDATORY INFORMA		Date of birth (YYYY-MM-	-DD)	Mother's first name			
(about the person requ	iring access)						
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All subgroups or							
Subgroup number	Subgroup name		Sı	Subgroup number Subgroup name			
Subgroup number	Subgroup name			 ubgroup number Su	ubgroup name		
Notify me by email each		oort is available online		J	J		
By signing below, you are			rstood the regulatio	ns indicated in section	14.		
•			-				
			X				
			Signature			Date (YYYY-MM-DE	