

Please forward completed form to: Desjardins Financial Security
 Integrated Retirement Management Centre
 Group Retirement Services
 C.P. 1355, Succ. Desjardins
 Montréal (Québec) H5B 1C4
 Telephone: (514) 285-7717 or
 toll free 1 800 968-3587
 Fax toll free: 1 877 350-8555

| | | |
|---|--------------|---|
| Group no. | Subgroup no. | Participant no. |
| Product <input type="checkbox"/> Registered Retirement Savings Plan <input type="checkbox"/> Spousal Registered Retirement Savings Plan <input type="checkbox"/> Deferred Profit Sharing Plan <input type="checkbox"/> Simplified Pension Plan <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Registered Retirement Income Fund (RRIF) <input type="checkbox"/> Life Income Fund (LIF) | | |
| Plan Sponsor's name | | Tel.: Home: () Office: () E-Mail: |
| Participant's name (last, first) | | |

Effective date of changes

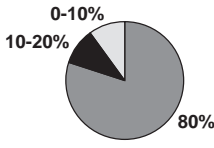
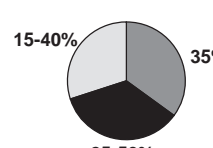
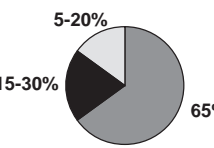
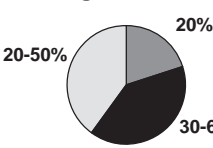
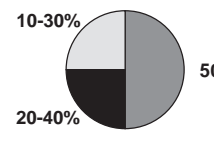
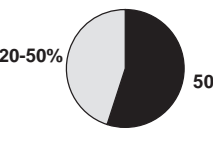
| | | |
|----|----|----|
| | | |
| DD | MM | YY |

Note: This form must be received by Desjardins Financial Security Life Assurance Company prior to the effective date of the change. If the form is received after the effective date, or no effective date is specified, the change will be processed using the date Desjardins Financial Security Life Assurance Company receives the request.

Until further notice, Desjardins Financial Security Life Assurance Company is requested and authorized to invest the future deposits made under this plan in accordance with the terms of the said plan, in the following manner: **select either options A or B.**

Option A - Please allocate my future contributions as follows: (only one choice)

You can select from one of the following pre-established portfolios by checking the box corresponding to your investor profile. To determine your portfolio, we suggest you complete the questionnaire available in "My Investor Profile" leaflet, by visiting our Website www.desjardinsfinancialsecurity.com/participant or by calling our Integrated Retirement Management Centre at 1 800 968-3587.

| | |
|---|--|
| <input type="checkbox"/> Security Portfolio  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Fixed Income <input type="checkbox"/> Canadian Equity <input type="checkbox"/> Foreign Equity </div> | <input type="checkbox"/> Dynamic Portfolio  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Fixed Income <input type="checkbox"/> Canadian Equity <input type="checkbox"/> Foreign Equity </div> |
| <input type="checkbox"/> Conservative Portfolio  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Fixed Income <input type="checkbox"/> Canadian Equity <input type="checkbox"/> Foreign Equity </div> | <input type="checkbox"/> Energetic Portfolio  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Fixed Income <input type="checkbox"/> Canadian Equity <input type="checkbox"/> Foreign Equity </div> |
| <input type="checkbox"/> Balanced Portfolio  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Fixed Income <input type="checkbox"/> Canadian Equity <input type="checkbox"/> Foreign Equity </div> | <input type="checkbox"/> Aggressive Portfolio  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Canadian Equity <input type="checkbox"/> Foreign Equity </div> |

Note: Your personal situation and economic conditions must be taken into account when making investment decisions. Because your goals are constantly evolving, we recommend going through the questionnaire every three years or when important events (marriage, birth, disability, etc.) take place. Please consult your financial advisor, if you have any questions.

Option B - Please allocate my future contributions as follows:

 You can select different funds that you can find in "My Investment Funds" leaflet or in our Website www.desjardinsfinancialsecurity.com/participant.

| INVESTMENT CATEGORIES AND FUNDS | CONTRIBUTIONS | | |
|---|---------------|-------------|-------------|
| | EMPLOYEE | EMPLOYER | VOLUNTARY |
| Guaranteed Fund | | | |
| 1 year | _____ % | _____ % | _____ % |
| 3 years | _____ % | _____ % | _____ % |
| 5 years | _____ % | _____ % | _____ % |
| Daily Interest Fund | _____ % | _____ % | _____ % |
| Note: The total of all contributions to Guaranteed Funds must be at least \$50 for all plans in which you participate before being invested in each of the 1 year, 3 years or 5 years Guaranteed Funds. | | | |
| Pooled Funds | | | |
| Fund No. | Fund's name | _____ % | _____ % |
| _____ | _____ | _____ % | _____ % |
| _____ | _____ | _____ % | _____ % |
| _____ | _____ | _____ % | _____ % |
| _____ | _____ | _____ % | _____ % |
| _____ | _____ | _____ % | _____ % |
| _____ | _____ | _____ % | _____ % |
| _____ | _____ | _____ % | _____ % |
| _____ | _____ | _____ % | _____ % |
| _____ | _____ | _____ % | _____ % |
| _____ | _____ | _____ % | _____ % |
| TOTAL = | | 100% | 100% |

Reinvestment of deposits in Guaranteed Funds

When a deposit in Guaranteed Funds will matured, principal and interest should be reinvested indicated below: *

- Check
- one**
- of the following:
- For a term of the same duration
 - According to the instructions indicated above

* Unless otherwise specified, matured and interest credits from Guaranteed Fund will be reinvested for a term of the same duration.

Transfers Between Funds
 I request that all my accumulated contributions be reinvested as per the instructions in this Request for Change (please note that amounts in Guaranteed Fund will also be reinvested according to those instructions).

OR
 Please transfer the current monies in the plan between investment funds as follows (indicate an amount **or** a percentage):

| Transfer | | | | As per the above instructions | | To the following fund(s) | |
|----------|----|-----|------|-------------------------------|----|--------------------------|--|
| % | \$ | No. | Fund | No. | | | |
| | | | | <input type="checkbox"/> | or | | |
| | | | | <input type="checkbox"/> | or | | |
| | | | | <input type="checkbox"/> | or | | |
| | | | | <input type="checkbox"/> | or | | |

 Other: _____

 Authorized signature

 Date