



### 1. Client Information

Client Surname/Organization	First Name	Middle Name	Social Insurance Number	Client Number
Co-Owner Surname	First Name	Middle Name	Social Insurance Number	Client Number

### 2. Switch/Transfer

FROM Plan Number* (if existing)	Money Market Fund Number**	TO Plan Number* (if existing)	Fund Name	Fund Number **	Amount - Each deposit must be a minimum of \$50.00
Total Monthly Purchase Amount must be a minimum of \$500.00					

\* If new plan(s), the appropriate Contract Application must be completed and attached.

\*\* To be eligible for PDS, all funds, including the DFS GIF Money Market, must be in the same DFS GIF product type and fee structure. The Money Market Fund must have a minimum deposit of \$5,000.00.

### 3. Agreement, Direction, Acknowledgement

I/We acknowledge that the Switch/Transfer will take place on the 17th day of each month (the "Transaction Day"), starting with the next calendar month. If the 17th day of any month is not a business day then the immediately preceding business day will be deemed the Transaction Day.

I/We acknowledge that the final DFS GIF Money Market Fund surrender will occur on the Transaction Day when the balance is equal to or less than the Total Monthly Purchase Amount. I/We direct that the balance of the units in my/our DFS GIF Money Market Fund be surrendered, the proceeds therefrom used *pro rata* to purchase units of the fund(s) specified above and that my/our DFS GIF Money Market Fund be closed.

I/We acknowledge that this arrangement can be cancelled or modified at any time upon receipt by Desjardins Financial Security of a written request.

Client Signature	Witness Signature	
Co-Owner Signature	Irrevocable Beneficiary Signature (Required if an irrevocable beneficiary has been appointed.)	Date

### 4. Representative Information

Dealer Name (Service Provider)	Dealer Code	Branch Code	Signature Guarantee: Signatures must be guaranteed by a proper officer of a Canadian Chartered Bank, Trust Company, Investment Dealer or Sales Representative.	
Representative Name or Trainee (Trainee applies to Quebec only)	Rep. Code	Guaranteed by		Date
Signature of Representative or Trainee	Name of Training Supervisor (Quebec only)	Signature of Training Supervisor (Quebec only)		