

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)	<ul style="list-style-type: none"> • Plan Administrator • Representative* <p><i>*Representative: This person can be an intermediary, advisor, consultant or broker.</i> The representative could ask Desjardins Insurance to grant access to certain of his or her employees according to the procedure implemented by Desjardins Insurance.</p>	<ul style="list-style-type: none"> • Report centre • Information menus • EDT-related menus • Participant management • Participant files • Transaction history • Personalized extract 	<ul style="list-style-type: none"> • 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
Restricted access	<ul style="list-style-type: none"> • Plan Administrator • Representative* <p><i>*Representative: This person can be an intermediary, advisor, consultant or broker.</i> The representative could ask Desjardins Insurance to grant access to certain of his or her employees according to the procedure implemented by Desjardins Insurance.</p>	<ul style="list-style-type: none"> • Report centre • Information menus • Transaction history • Personalized extract 	<ul style="list-style-type: none"> • Group Investment Report
Role-specific access	<ul style="list-style-type: none"> • Group Manager <p><i>This person does not administer the plan; they oversee the plan at a high level.</i></p>	<ul style="list-style-type: none"> • Report centre • Information menus • EDT-related menus • Participant management • Transaction history • Personalized extract 	<ul style="list-style-type: none"> • Group Investment Report • Missing Information Report • Transaction History • Personalized extract • New Participant Report
	<ul style="list-style-type: none"> • Remittance Manager <p><i>This person is responsible for contribution remittances; they can access plan information only.</i></p>	<ul style="list-style-type: none"> • Report centre • Information menus • EDT-related menus • Participant management • Transaction history • Personalized extract 	<ul style="list-style-type: none"> • Missing Information Report • Transaction History • Personalized extract • New Participant Report

Part 2

3 – IDENTIFICATION OF THE EMPLOYEE REQUIRING REVOCATION OF ACCESS

Revoke access to previous:

- Group Manager Remittance Manager Representative's employee Plan Administrator Representative

First name	Last name

4 – CONSENT TO ABIDE BY ESTABLISHED REGULATIONS

I accept the responsibility and risk for any misuse my access to personal plan member and/or plan information may incur in keeping with the level of access authorized under **Section 5** of this form.

- I hereby agree to keep my access password confidential and to limit its use to authorized business purposes. I will immediately notify Desjardins Insurance if I know or suspect that someone else knows my User ID or personal identification number (PIN), or that there has been unauthorized use of my User ID and PIN.
- Any or all services offered on the Desjardins Insurance Plan sponsor services website may be cancelled at any time without notice.
- Desjardins Insurance will not be held liable for any loss or inconvenience that may incur as a result of this cancellation.

5 – IDENTIFICATION OF THE EMPLOYEE REQUIRING ACCESS New access Modification

Level of access	Full access	Restricted access	Role-specific access
Check only one level of access	<input type="checkbox"/> Plan Administrator <input type="checkbox"/> Representative	<input type="checkbox"/> Plan Administrator <input type="checkbox"/> Representative	<input type="checkbox"/> Group Manager <input type="checkbox"/> Remittance Manager
First name	Last name		
Title	Email		

MANDATORY INFORMATION (about the person requiring access)	Date of birth (YYYY-MM-DD)	Mother's first name
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Complete if different from address in PART 1 (Section 2 - Authorized Signing Officer)

Company address (Street number, Street name, Suite)

City	Province	Postal code	Telephone number
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- All subgroups or
- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Subgroup number Subgroup name | Subgroup number Subgroup name |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Subgroup number Subgroup name | Subgroup number Subgroup name |

Notify me by email each time a new report is available online.

By signing below, you are confirming that you have read and understood the regulations indicated in section 4.

X _____
 Signature Date (YYYY-MM-DD)

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