

About the Plan sponsor services website

Desjardins Financial Security Life Assurance Company (Desjardins Insurance) provides plan information through its Plan sponsor services website. The **Plan sponsor services website** is designed to simplify the day-to-day administration of your plan(s). It provides detailed financial and non-financial information about each of your participants. 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 the participants in their group retirement plans. 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 on each participant enrolled under a plan. In order to access plan and/or participant personal information on our website, we need to know who has access to certain plan information.

Who should complete this form?

The attached form should be completed by the **plan sponsor**, or an individual in your organization who is officially responsible as the **Authorized Signing Officer**. This person will be responsible for authorizing Desjardins Insurance to provide appropriate access to plan and participant 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 form to Desjardins Insurance – Group Retirement Savings

To contact us: Telephone: 1-888-510-4762 or Fax toll free: 1-877-350-8555
grs_plansponsor@dfs.ca

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

Level of access	Role	Internet access	Report type
Full access: <i>(Participant & Plan Financial Info)</i>	<ul style="list-style-type: none"> • Plan Administrator • Representative • Representative's employee <i>Representative: Person may be Intermediary, Advisor, Consultant or Broker.</i>	<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 • Representative's employee 	<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 <i>Person does not administer the plan; oversees the plan at a high level.</i>	<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
	<ul style="list-style-type: none"> • Remittance Manager <i>The person who is responsible for contribution remittances; can access plan information only.</i>	<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

Part 1

1 – PLAN INFORMATION

Group number		Group name	
Company address (Street number, Street name, Suite)		City	Province
			Postal code

2 – AUTHORIZED SIGNING OFFICER New Existing *(Only complete Name, Title and Signature)*

Gender <input type="checkbox"/> M <input type="checkbox"/> F	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	Name (first, last)	
Title			
Company address (Number, Street name, Suite)		City	Province
			Postal code
Telephone number	Fax number	Email address	

As the Authorized Signing Officer for access to the plan and participant personal information available on the Plan sponsor services website, I hereby agree to accept the following responsibilities:

- a. I agree to advise Desjardins Financial Security Life Assurance Company of each person authorized to access plan and/or personal participant information.
- b. I agree to promptly advise Desjardins Financial Security Life Assurance Company in writing of any changes with respect to any administrator's and/or representative's authorization to view plan and personal participant information.
- c. I accept responsibility of any misuse of information by the authorized administrator(s) and/or representative(s), if applicable.
- d. I agree to limit access to personal participant information to administrator(s) and/or representative(s) in accordance with the privacy legislation in effect in Canada.
- e. I confirm that all representatives whom I authorize to have full access to the site provide advisory services to the plan's participants.
- f. I accept that Desjardins Financial Security Life Assurance Company may change any or all of the services offered on the **Plan sponsor services website** at any time, with or without notice. Desjardins Financial Security Life Assurance Company's Plan sponsor services website may be unavailable from time to time in order to allow for maintenance or other valid reasons.
- g. I authorize the individual(s) stated in section 5 to access all authorized plan and personal participant information in accordance with the level of authorized access specified in that same section and accept responsibility for any misuse of information that may occur as a result of this access.

Disclaimer: While every effort has been made to ensure the accuracy of the information contained on the **Plan sponsor services website**, no warranty is expressed or implied as to the accuracy, adequacy or completeness of the information, and Desjardins Financial Security Life Assurance Company is not responsible for any errors, omissions or results obtained from the use of such information.

X _____ _____
Signature of Authorized Signing Officer Date (YYYY-MM-DD)

Part 2

3 – REVOKE ACCESS TO THE PLAN SPONSOR WEBSITE

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 participant 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 Financial Security Life Assurance Company 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 Financial Security Life Assurance Company **Plan sponsor services website** may be cancelled at any time without notice.
- Desjardins Financial Security Life Assurance Company will not be held liable for any loss or inconvenience that may incur as a result of this cancellation.

5 – GRANT OR MODIFY ACCESS TO WEB New access Modification

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

MANDATORY INFORMATION (for the person with new 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

- All subgroups or
- | | |
|---|---|
| <input type="checkbox"/> _____
Subgroup number Subgroup name | <input type="checkbox"/> _____
Subgroup number Subgroup name |
| <input type="checkbox"/> _____
Subgroup number Subgroup name | <input type="checkbox"/> _____
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)

**AUTHORIZATION TO ACCESS PLAN AND/OR
PERSONAL PARTICIPANT INFORMATION**

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"/> Representative's employee	<input type="checkbox"/> Plan Administrator <input type="checkbox"/> Representative <input type="checkbox"/> Representative's employee	<input type="checkbox"/> Group Manager <input type="checkbox"/> Remittance Manager
First name	Last name		
Title	Email		
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All subgroups or
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First name	Last name		
Title	Email		
MANDATORY INFORMATION (for the person with new access)		Date of birth (YYYY-MM-DD)	Mother's first name

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