

1. PERSONAL IDENTIFICATION

MEMBER INFORMATION		
Last name:		First name:
Identification number:	Phone number:	Email:
Residential address (Street # and Name, Apt. #):		
City:		Postal code:

ATTORNEY INFORMATION	
Last name:	First name:
Phone number:	Email:
Residential address (Street # and Name, Apt. #):	
City:	Postal code:

2. CONDITIONS AND RESTRICTIONS

I hereby AUTHORIZE my attorney on my behalf:

- To report any change of address,
- To sign the certificate as part of the annual annuity contract update,
- To change tax deductions at source,
- To edit the account for the direct deposit (account on behalf of the member),
- To perform any other acts such as signing or filing any other document in any matter arising from and/or pertaining to this Power of Attorney.

In the course of his or her duties, my attorney is authorized to request any information contained in my DGPP file related to my group pension plan.

(In Ontario only) The authority herein shall include such incidental acts that are reasonably required to carry out and perform the specific authorities granted herein.

(In Quebec only) Within the limits of the powers vested in my attorney under this Power of Attorney, my attorney may act as the administrator of the property of others charged with full administration.

I authorize the DGPP to comply with my attorney's instructions pertaining to the aforementioned matters and in relation to all matters arising from it and perform them as if I had given them by myself.

3. FINAL PROVISIONS

This Power of Attorney is valid until my written notice of cancellation has been received by the DGPP and will expire immediately if the DGPP receives notice of my death, notice and proof of my mental incapacity or bankruptcy or the execution of a new Power of Attorney on my behalf.

4. SIGNATURE

I the undersigned, (name of the member)

hereby appoint (name of the attorney) to be my **attorney** in the

matter of dealing with my pension plan at "DGPP" in connection with the aforementioned matters and in relation to all matters arising from it.

Signed on _____ in _____
(YYYY/MM/DD)

Signature of the member (Handwritten signature only)

Signed on _____ in _____
(YYYY/MM/DD)

Signature of the attorney (Handwritten signature only)

ADDITIONAL INFORMATION

DGPP Member Services

Monday to Friday, from 8:30 a.m. to 4:30 p.m.

By phone

Call us at 1-866-434-3166 or 514-285-3166

By secure messaging

Write to us via the secure [Contact us](#) section of the DGPP website at rcd-dgp.com

HOW TO SEND YOUR DOCUMENTS

Via secure messaging through the [Contact us](#) section of the DGPP website at rcd-dgp.com

By mail or internal mail to

Desjardins Insurance
LEV 200 – SS – G
200 Rue Des Commandeurs
Lévis QC G6V 6R2