



I hereby authorize National Bank Financial Inc. (hereinafter " NBF ") to contact the person(s) listed below, in the event that my Investment Advisor or any other person responsible for managing my assets has reasonable grounds to believe I am no longer able to make free and informed decisions about managing my assets in my NBF account(s).

The purpose of this communication is to:

- provide them with an overview of the reasons behind the communication;
- inform them that my physical or psychological health appears to have deteriorated to the point where I am unable to make free and informed decisions and/or properly and freely manage your assets;
- discuss the situation with them, including the possibility of taking the necessary steps to ensure the protection of my interests and recommend that they undertake these steps as required (implementing a protective supervision, tutorship, incapacity mandate, power of attorney, etc.).

This consent is valid until it is updated or expressly revoked by written notice from you, addressed to NBF.

This consent is valid in connection with my existing and future account(s) with NBF that start with the following six digits:

\_\_\_\_\_

Consequently, I authorize NBF to contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, Province

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Signature (preferred, but optional)

\_\_\_\_\_  
First name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone number (daytime)

\_\_\_\_\_  
Phone number (evening, cellular, other)

\_\_\_\_\_  
Email

In the event that the abovementioned person is unreachable, refuses to communicate with NBF or cannot be contacted under this authorization, I authorize NBF to contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, Province

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Signature (preferred, but optional)

\_\_\_\_\_  
First name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone number (daytime)

\_\_\_\_\_  
Phone number (evening, cellular, other)

\_\_\_\_\_  
Email

In witness whereof, I have signed at \_\_\_\_\_, on \_\_\_\_\_

\_\_\_\_\_  
Name (in block letters)

\_\_\_\_\_  
Signature