



### Client Authorization for Householding and Client On-Line Access

I/we, the holder(s) of Industrial Alliance Securities Inc. accounts numbered:

Client Full Name	Account Number
1. _____	Acct: _____
2. _____	Acct: _____
3. _____	Acct: _____
4. _____	Acct: _____
5. _____	Acct: _____
6. _____	Acct: _____
7. _____	Acct: _____

hereby grant permission to Industrial Alliance Securities Inc., including my/our financial advisor and the administrative assistant of my/our financial advisor, to consolidate and link personal information relating to the aforementioned accounts with other accounts held by individuals in my household so that other individuals in my household and Industrial Alliance Securities Inc. shall have full access to personal information about me/us relating to such accounts, including, without limitation, the holdings in such accounts, details about transactions in such accounts and the cash position in such accounts.

Link accounts for Householding      Email: \_\_\_\_\_

Provide On-Line Access to accounts listed above

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ .

1. Name: \_\_\_\_\_ Signed: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signed: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Above Verified, FA Signature: \_\_\_\_\_ Rep Code: \_\_\_\_\_

Accounts Verified at Head Office By: \_\_\_\_\_

Access/householding verified and completed by: \_\_\_\_\_

User Id: \_\_\_\_\_ Password: \_\_\_\_\_