

POWER OF ATTORNEY (SPECIMEN)

(Individual)

I, the undersigned, designate

(last and first names, title or occupation)

as the person in charge of access management (PCAM) and also as my authorized representative at La Financière agricole du Québec (FADQ) with regard to my on-line file.

This person will be responsible for registering the on-line file at FADQ, giving partial or full access rights to users whose duties require on-line access, managing the access rights of these users and withdrawing these access rights if need be. This person will also be authorized to make further decisions and take action relating to my on-line file.

Consequently, I agree that the PCAM and users identified by this person have access to my on-line file, which contains personal and confidential information.

I authorize FADQ to disclose to the PCAM the personal and confidential information that it has on me and that are necessary for the PCAM to perform his or her duties.

Signed this _____ day of _____ 20____
(day) (month) (year)

Signature

Last and first names in block letters

FADQ client
number