

POWER OF ATTORNEY

(Association, general partnership with no board of directors)

In my capacity as associate, I designate

(First and last 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) in matters relating to my on-line file.

This person will be responsible for registering the on-line file at FADQ, granting partial or full access rights to users whose duties require on-line file access, managing the access rights of these users and withdrawing the 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 the users identified by this person have access to my on-line file, which contains personal and confidential information.

I authorize FADQ to communicate to the PCAM the personal and confidential information that it holds on the business and that is necessary for the PCAM to perform his or her duties.

Signed this _____ day of _____ 20_____
(Day) (Month) (Year)

Business name

Client No. at FADQ

First and last name in block letters

Signature of the associate¹

¹When a power of attorney is granted by a business to a designated person, the signature of an authorized person is required. In the case of an association or general partnership with no board of directors, this person would be one of the associates.