

Contract number:

Representative information

Compensation: Career Accelerated Not applicable

| First and last names of representative (please print) | Representative code | Field centre code | % share | Email address |
|---|---------------------|-------------------|---------|---------------|
| | | | | |

A - Identification of policyowner(s)

| Policyowner 1 | | Policyowner 2 | | <input type="checkbox"/> Same address as Policyowner 1 |
|--|----------------------------|--|----------------------------|--|
| First name | Last name | First name | Last name | |
| Address (No., street, apt.) | | Address (No., street, apt.) | | |
| City | Province | City | Province | |
| Postal code | Date of birth (yyyy/mm/dd) | Postal code | Date of birth (yyyy/mm/dd) | |
| Email | | Email | | |
| 10-digit phone number | | 10-digit phone number | | |
| Home: _____ Cell.: _____ | | Home: _____ Cell.: _____ | | |
| Work: _____, ext.: _____ | | Work: _____, ext.: _____ | | |
| Specific occupation (e. g., building engineer) | | Specific occupation (e. g., building engineer) | | |

Name of "Corporation, trust or other entity" policyowner

B - Transfer of accumulated funds

I hereby direct Desjardins Insurance to transfer amounts within the accumulated funds as follows:

Effective date (yyyy/mm/dd): _____ Must be no earlier than the date the form is signed.

Check (✓) appropriate box

\$ Amount or %

Percentage of Premium Funds Allocated to Each Investment Option - Check (✓) appropriate area(s)

| | | DAILY | 1 YEAR | 3 YEARS | 5 YEARS | 10 YEARS | 15 YEARS | S&P/TSX60 | S&P 500 | JAPAN | CND BOND | EURP | | DAILY | 1 YEAR | 3 YEARS | 5 YEARS | 10 YEARS | 15 YEARS | S&P/TSX60 | S&P 500 | JAPAN | CND BOND | EURP | |
|----------|------|-------|--------|---------|---------|----------|----------|-----------|---------|-------|----------|------|----|-------|--------|---------|---------|----------|----------|-----------|---------|-------|----------|------|------|
| | | | | | | | | | | | | | | | | | | | | | | | | | From |
| Transfer | From | | | | | | | | | | | | to | | | | | | | | | | | | |
| Transfer | From | | | | | | | | | | | | to | | | | | | | | | | | | |
| Transfer | From | | | | | | | | | | | | to | | | | | | | | | | | | |
| Transfer | From | | | | | | | | | | | | to | | | | | | | | | | | | |

- 1- The amount withdrawn will be net of Market Value Adjustment.
- 2- The total minimum transfer amount is \$200.00.
- 3- If future premiums are to be changed as well, **section C** must be completed.
- 4- Fund transfers are made on a last in, first out basis.


C - Modify future premiums

Percentage of Premium Funds Allocated to Each Investment Option

| | DAILY | 1 YEAR | 3 YEARS | 5 YEARS | 10 YEARS | 15 YEARS | S&P/TSX60 | S&P 500 | JAPAN | CDN BOND | EUROPE |
|--|-----------------------------------|--------|--|---------|--------------------------------------|----------|-----------|---------|-------|----------|--------|
| <input type="checkbox"/> Split future Premiums as follows: | % | % | % | % | % | % | % | % | % | % | % |
| <input type="checkbox"/> Decrease Billed Planned Premium to \$ _____ payable | <input type="checkbox"/> Annually | | <input type="checkbox"/> Semi-Annually | | <input type="checkbox"/> Monthly PAC | | | | | | |
| <input type="checkbox"/> Increase Billed Planned Premium to \$ _____ payable | <input type="checkbox"/> Annually | | <input type="checkbox"/> Semi-Annually | | <input type="checkbox"/> Monthly PAC | | | | | | |

If the premium is increasing and the policy includes Death or Disability Waiver, normal underwriting evidence is required.
Please complete 07002E - Insurance Application.

D - Consent related to the management of your personal information by Desjardins Group

 This consent applies to each **policyowner (Individual)**.

1. Management of your personal information

To serve you on a daily basis and meet our legal obligations, we need to collect, use and disclose information about you. For more details, see Desjardins Group's Privacy Policy at www.desjardins.com/privacy-policy.

You may be asked for specific consent to ensure that Desjardins Insurance can deliver or continue to deliver service. This will be done in compliance with Desjardins Group's Privacy Policy.

Desjardins Insurance handles all your personal information confidentially. Your information will be accessed only by employees who require it to complete their tasks.

2. Your rights

You can:

- See the personal information Desjardins Group has about you
- Correct any information that's incomplete, ambiguous or not relevant

To find out how, see Desjardins Group's Privacy Policy.

3. Collection or transfer of your personal information outside of Canada


Desjardins Insurance uses service providers located outside of Canada to perform certain specific activities in its normal course of business. As such, personal information may be collected in and/or transferred to another country and be subject to the laws of that country.


For information about our policies and practices regarding the collection and transfer of personal information outside of Canada, see Desjardins Group's Privacy Policy. You can also obtain this information, or ask any questions you might have, by calling us at 1-800-278-0669.

By signing this form, you:

- Acknowledge that you've looked at Desjardins Group's Privacy Policy, which is available at www.desjardins.com/privacy-policy
- Authorize Desjardins Group to collect, use and disclose your personal information based on the conditions outlined in the policy and applicable regulations
- Acknowledge and accept that this consent takes precedence over any other consent you've previously signed
- Acknowledge that this consent remains valid for as long as you have a business relationship with a Desjardins Group component

E - Signatures

 **X** _____
Signature of policyowner 1 (Individual) Signed at (city, province or territory) Date (yyyy/mm/dd)

 **X** _____
Signature of policyowner 2 (Individual) Signed at (city, province or territory) Date (yyyy/mm/dd)

X _____
Signature of the person authorized to sign on behalf of the "Corporation, trust or other entity" policyowner Name and title of the person authorized to sign on behalf of the "Corporation, trust or other entity" policyowner (please print)

Signed at (city, province or territory) Date (yyyy/mm/dd)