

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

## 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

**GAIN - All of the following transactions could generate a taxable gain. Please contact your representative for details.**

### ☐ Policy termination

Please terminate my policy and issue payment of any cash surrender value. As a result of this choice, I understand that as of the date on which Desjardins Insurance receives my request, my policy will no longer be in force and I will no longer have any rights under this policy. If the insured dies before the cash surrender value is paid, Desjardins Insurance's responsibility will be limited to payment of said value. If applicable, registration for tax purposes will be cancelled and any amounts withheld at source as required by law will be deducted from the surrender value payable. (Return the policy contract with this form.)

The termination of this policy and the payment of the cash surrender value are conditional upon the approval of a new application.

☐ Yes ☐ No Application number: \_\_\_\_\_

### ☐ Policy loan

I request a policy loan of \$ \_\_\_\_\_ (total minimum withdrawal of \$100). In accordance with the terms and conditions of my contract, the interest rate will be fixed or variable. I acknowledge that this policy loan and accrued interest constitute a debt that is deductible from any benefit or cash surrender value payable under the contract.

☐ **Partial surrender - applicable ONLY at the end of the current investment period**

I hereby direct Desjardins Insurance to make the following payments from the accumulated funds:

Effective date (yyyy/mm/dd): \_\_\_\_\_ must be no earlier than the date the form is signed.

Amount	Investment / contract account

- 1- The amount withdrawn will be net of Market Value Adjustment plus surrender charges (if applicable).
- 2- If death benefit type is level, the amount of insurance will be reduced by the amount indicated in number 1 above.
- 3- The total minimum withdrawal is \$200.
- 4- This section of the form is not to be used to terminate the policy.
- 5- For policies sold prior to January 1, 2017, partial surrenders are carried out according to the LIFO method (last in, first out). For policies sold after May 14, 2017, and Évoluvie policies (Quebec only), the FIFO method (first in, first out) applies.


☐ **Dividends**

- ☐ I request withdrawal of my dividends on deposit: Amount of \$ \_\_\_\_\_
- ☐ I request the surrender of the paid-up insurance (Desjardins Insurance is hereby discharged from all liability under the policy in respect of the Bonus or Paid-Up Additions of which payment of cash value is requested, other than such payment.)
- ☐ I request that future dividends be changed to:
- ☐ Paid out in cash     
 ☐ Used to reduce premiums     
 ☐ Left on deposit to accumulate at interest     
 ☐ Applied toward the loan

**Special instructions (please check the appropriate box)**

**Payment:** ☐ Cheque sent to the financial centre      ☐ Cheque sent to the Policyowner's residence  
☐ Direct deposit (into the account we have on file; otherwise, provide a void cheque)

## 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](http://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](http://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

## Signatures

### I have read this agreement and agree to it.

\_\_\_\_\_  
Signed at (city or town, province)

 <b>X</b>	_____ Signature of policyowner 1 (Individual)	_____ Date (yyyy/mm/dd)	 <b>X</b>	_____ Signature of policyowner 2 (Individual)	_____ Date (yyyy/mm/dd)
<b>X</b>	_____ 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 the "Corporation, trust or other entity" policyowner (please print)	_____ Date (yyyy/mm/dd)
<b>X</b>	_____ Signature of irrevocable beneficiary			_____ Name of irrevocable beneficiary (please print)	_____ Date (yyyy/mm/dd)
<b>X</b>	_____ Signature of irrevocable beneficiary			_____ Name of irrevocable beneficiary (please print)	_____ Date (yyyy/mm/dd)
<b>X</b>	_____ Signature of creditor who holds a guaranty on the contract			_____ Date (yyyy/mm/dd)	
	_____ Title of creditor who holds a guaranty on the contract (please print)			_____ 10-digit phone number	