

Policy number	Policyowner 1	Policyowner 2
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### Policy returned due to a change to insurability conditions

The following information applies only if the enclosed policy was issued following an insurance application **that required evidence of insurability**.

If the insurability conditions\* of any of the proposed insureds have changed since the date the insurance application was signed:

- Please return the policy to Desjardins Insurance along with the **Insurability Questionnaire form 14238E** completed and signed for each proposed insured concerned.
- Desjardins Insurance will then re-evaluate the insurance application based on the new information.

\* Insurability conditions include any situation that can influence Desjardins Insurance's decision to issue the policy, as mentioned in the "Statements and Authorizations" section of the insurance application.

### Policy returned due to request for changes

The policyowner has read the above-mentioned policy and requests the following changes:

**Note :** Please return the policy to Desjardins Insurance with this request form and enclose a new illustration.

\_\_\_\_\_  
Date (yyyy/mm/dd)

**X** \_\_\_\_\_  
Signature of policyowner 1

**X** \_\_\_\_\_  
Signature of policyowner 2

**X** \_\_\_\_\_  
Signature of representative ☐ Check if trainee

**X** \_\_\_\_\_  
Signature of supervisor (Quebec only)

### Policy accepted

The policyowner confirms that:

- They have received the above-mentioned policy and read this document before signing it;
- They have received a copy of the financial needs analysis related to this policy (Quebec only);
- The representative explained the following and that they understand them well:
  - Policyowner's rights
  - Policy provisions
  - Insurance coverage
  - Amount of insurance payable upon death
  - Grace period and reinstatement
  - Policy fees
  - Cash surrender value, if applicable
  - Beneficiary
  - Insurability conditions
  - Premiums that apply to the policy and any possible variations
  - Procedure for claims, change of address or any other changes

**X** \_\_\_\_\_  
Signature of policyowner 1

\_\_\_\_\_  
If policyowner 1 is a company, name and title of the person who has the authority to sign on its behalf

**X** \_\_\_\_\_  
Signature of policyowner 2

\_\_\_\_\_  
If policyowner 2 is a company, name and title of the person who has the authority to sign on its behalf

**X** \_\_\_\_\_  
Signature of representative ☐ Check if trainee

\_\_\_\_\_  
First and last name of representative (please print)

**X** \_\_\_\_\_  
Signature of supervisor (Quebec only)

\_\_\_\_\_  
Date (yyyy/mm/dd)