

Temporary insurance agreement in case of death

Lock-in number:

Under this Temporary insurance agreement in case of death, the coverage providing for the payment of a benefit upon the death of the proposed insured takes effect on the date the insurance application is signed, subject to the following conditions:

1. the proposed insured is between 31 days and age 65, inclusively, on the date the application is signed;
2. the proposed insured answered **no** to all of the eligibility questions from **section I** of the application;
3. **Initial premium payment:** on signing the application, the policyowner must pay at least one monthly premium or 1/20 of the premium for a single-premium policy, depending on the coverages applied for in this application. However, the policyowner is not required to pay any amount exceeding one monthly premium for coverage of \$1,000,000. Desjardins Insurance sets a \$1,000,000 limit under the Temporary insurance agreement in case of death, which cannot be invalidated even if the initial premium paid is higher than the minimum required. If payment of the initial premium is not honoured, this Temporary insurance agreement in case of death will be deemed to have never taken effect;
4. **Maximum death benefit:** the total death benefit available under all Temporary insurance agreements in case of death issued by Desjardins Insurance for the same person is the amount of insurance applied for on that insured person or a maximum of \$1,000,000, whichever is less. If applicable, this death benefit will be reduced by any advance payment made to the policyowner subsequent to a critical illness claim;
5. **Policy internal replacement:** if the proposed insured dies before the new policy becomes effective, Desjardins Insurance agrees to pay the beneficiary the higher of the amount payable under the replaced policy or the amount payable under this Temporary insurance agreement in case of death.

If the conditions on both sides of this page apply, detach this section and give it to the policyowner. Otherwise, leave this section attached to the addendum.

Temporary insurance agreement in case of critical illness

Lock-in number:

Under this Temporary insurance agreement in case of critical illness, the coverage providing for a critical illness benefit on the proposed insured's life takes effect on the date the insurance application is signed, subject to the following conditions:

1. the proposed insured is between 31 days and age 65, inclusively, on the date the application is signed;
2. the proposed insured answered **no** to all of the eligibility questions from **section J** of the application;
3. **Initial premium payment:** on signing the application, the policyowner must pay at least one monthly premium or 1/20 of the premium for a single-premium policy, depending on the coverages applied for in this application. However, the policyowner is not required to pay any amount exceeding one monthly premium for coverage of \$500,000. Desjardins Insurance sets a \$500,000 limit under the Temporary insurance agreement in case of critical illness, which cannot be invalidated even if the initial premium paid is higher than the minimum required. If payment of the initial premium is not honoured, this Temporary insurance agreement in case of critical illness will be deemed to have never taken effect;
4. **Maximum critical illness benefit:** the total critical illness benefit available under all Temporary insurance agreements in case of critical illness issued by Desjardins Insurance for the same person is the amount of insurance applied for on that insured person or a maximum of \$500,000, whichever is less.

LIST OF COVERED CONDITIONS: this Temporary insurance agreement in case of critical illness protects the proposed insured for the following covered conditions, if the diagnosis is made after the date the application is signed:

Blindness

Definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by the corrected visual acuity being 20/200 or less in both eyes, or the field of vision being less than 20 degrees in both eyes.

Coma

Definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less. **Exclusion:** no benefit will be payable under this condition for a medically induced coma, a coma which results directly from alcohol or drug use, or a diagnosis of brain death.

Deafness

Definite diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz.

Heart attack

Definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following: heart attack symptoms, new electrocardiogram (ECG) changes consistent with a heart attack, development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. **Exclusions:** no benefit will be payable under the definition of "heart attack" for: elevated biochemical cardiac markers as the result of an intra-arterial cardiac procedure, including but not limited to a coronary angiography and coronary angioplasty in the absence of new Q waves; ECG changes suggesting a prior myocardial infarction that does not meet the definition of "heart attack" as described above. Also, no benefit will be payable if the insured person dies within 30 days of a heart attack diagnosis.

Loss of limbs

Definite diagnosis of the complete severance of 2 or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.

If the conditions on both sides of this page apply, detach this section and give it to the policyowner. Otherwise, leave this section attached to the addendum.

Conditional insurance agreement in case of disability

Lock-in number:

Under this Conditional insurance agreement in case of disability, the SOLO Disability coverage submitted for the proposed insured takes effect on the effective date subject to the following conditions:

1. the proposed insured is between age of 18 and 60, inclusively, on the date the application is signed;
2. the proposed insured answered **no** to all of the eligibility questions from **section K** of the application;
3. **Initial premium payment:** on signing the application, the policyowner must pay at least one monthly premium or 1/20 of the premium for a single-premium policy, depending on the coverages applied for in this application. However, the policyowner is not required to pay any amount exceeding one monthly premium for a monthly disability benefit of \$5,000. Desjardins Insurance sets a limit of \$5,000 for the monthly disability benefit under the Conditional insurance agreement in case of disability, which cannot be invalidated even if the initial premium paid is higher than the minimum required. If payment of the initial premium is not honoured, this Conditional insurance agreement in case of disability will be deemed to have never taken effect;
4. **Maximum benefit payable in case of disability:** this Conditional insurance agreement in case of disability provides for the same benefit payable as the SOLO Disability coverage applied for, with the same amount of monthly disability benefit (maximum of \$5,000 for all Conditional insurance agreements in case of disability issued by Desjardins Insurance for the same person), the same waiting period and benefit period, **with the condition that**, according to Desjardins Insurance's directives and underwriting procedures, the proposed insured be entitled to this coverage without any substandard premium, exclusion, limitation, reduction or other modifications. If such changes are necessary to issue the requested contract, the benefit payable under this Conditional insurance agreement in case of disability will be limited to the modified SOLO Disability coverage offered to the proposed insured on the effective date of this agreement.

Definitions:

The **effective date** for this Conditional insurance agreement in case of disability is the later of the following dates:

1. the date the application is signed;
 2. the date on which the requested paramedical, medical exams and any other tests have been completed, according to Desjardins Insurance's underwriting procedures.
- The definition for "**disability**" is the one stated in the contract of the SOLO Disability coverage applied for in this application.

If the conditions on both sides of this page apply, detach this section and give it to the policyowner. Otherwise, leave this section attached to the addendum.

Temporary insurance agreement in case of death (cont.)

Exclusions: no benefit will be payable in the event of the insured person's death under this Temporary insurance agreement if:

1. the application is a group life insurance conversion;
2. the proposed insured commits suicide, whether sane or insane. Desjardins Insurance's liability is then limited to the refund of the initial premium;
3. the claim is for additional benefits provided for under an Accidental Death, Dismemberment or Loss of use coverage.

Statements: any statements made by the policyowner or the proposed insureds in this application for life insurance may be contested with respect to this Temporary insurance agreement in case of death.

Termination of coverage: coverage under this Temporary insurance agreement in case of death terminates on the earlier of the following dates:

1. the effective date of the policy applied for;
2. the issue date of a policy that differs from the policy applied for, such policy being made as a counter-offer by Desjardins Insurance to the policyowner;
3. the date on which Desjardins Insurance sends the policyowner a letter advising that coverage under this Temporary insurance agreement in case of death has terminated or that this application for life insurance has been rejected;
4. the 91st day following the date the application is signed.

No representative of Desjardins Insurance is authorized to amend this Temporary insurance agreement in case of death.

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

Temporary insurance agreement in case of critical illness (cont.)

Loss of speech

Definite diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days. **Exclusion:** no benefit will be payable under this condition for all psychiatric related causes.

Paralysis

Definite diagnosis of the total loss of muscle function of 2 or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.

Severe burns

Definite diagnosis of third-degree burns over at least 20% of the body surface.

Stroke (cerebrovascular accident)

Definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. **Exclusion:** no benefit will be payable under this condition for transient ischaemic attacks, intracerebral vascular events due to trauma, or lacunar infarcts which do not meet the definition of "stroke" as described above.

Exclusions: no benefit will be payable if:

1. the insured person suffers from any condition covered under this Temporary insurance agreement that results, directly or indirectly, from: self-inflicted injuries or a suicide attempt, whether the insured person is sane or insane; the insured person's participation in any criminal act or related act; war (whether war is declared or undeclared), riot or revolution, whether or not the insured person took part; the insured person driving a motor vehicle while under the influence of drugs or with a blood alcohol level equal to or greater than 80 mg of alcohol per 100 ml of blood; the illegal or illicit use of any drug; the voluntary absorption or use of any toxic substance or any type of gas; the voluntary consumption of prescription drugs that exceeds the dosage recommended by a healthcare professional or of drugs obtained without a prescription that exceeds the manufacturer's recommended dosage;
2. the condition covered under this Temporary insurance agreement is diagnosed after the insured person's death.

Statements: any statements made by the policyowner or the proposed insureds in this application for critical illness insurance may be contested with respect to this Temporary insurance agreement in case of critical illness.

Termination of coverage: coverage under this Temporary insurance agreement in case of critical illness terminates on the earlier of the following dates:

1. the effective date of the policy applied for;
2. the issue date of a policy that differs from the policy applied for, such policy being made as a counter-offer by Desjardins Insurance to the policyowner;
3. the date on which Desjardins Insurance sends the policyowner a letter advising that coverage under this Temporary insurance agreement in case of critical illness has terminated or that this application for critical illness insurance has been rejected;
4. the 91st day following the date the application is signed.

No representative of Desjardins Insurance is authorized to amend this Temporary insurance agreement in case of critical illness.

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Conditional insurance agreement in case of disability (cont.)

Exclusions and limitations:

1. No benefit is payable under this Conditional insurance agreement in case of disability if there are important facts not being declared or if there is a fraudulent declaration in the application and/or within the requested medical exam, if applicable.
2. This Conditional insurance agreement in case of disability also considers all conditions, exclusions and limitations described in the SOLO Disability coverage submitted for the proposed insured.

Declarations: any statements made by the policyowner or the proposed insured in this application for disability insurance may be contested with respect to this Conditional insurance agreement in case of disability.

Termination of coverage: coverage under this Conditional insurance agreement in case of disability terminates on the earlier of the following dates:

1. the effective date of the policy applied for;
2. the issue date of a policy that differs from the policy applied for, such policy being made as a counter-offer by Desjardins Insurance to the policyowner;
3. the date on which Desjardins Insurance sends the policyowner a letter advising that coverage under this Conditional insurance agreement in case of disability has terminated or that this application for disability insurance has been rejected;
4. the 91st day following the date the application is signed.

No representative of Desjardins Insurance is authorized to amend this Conditional insurance agreement in case of disability.

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Immediate confirmation of contract

In the text below, the terms “the Application,” “the Report,” and “the Statements and authorizations page” refer respectively to the electronic Insurance Application, the electronic Insurability Report and the Statements and authorizations page in the Addendum to the electronic application.

For the coverages requested in the Application to apply, all the conditions for the contract to take effect (see sections A and B below, as applicable) must be met. All the statements made by the policyowner or the proposed insureds in the Application, the Report and the Statements and authorizations page must be accurate, as the contract is issued based on them. Any error or omission in these statements may result in the cancellation of the contract.

Documents forming the contract in the event of immediate confirmation of contract

The Application, the Report and the Statements and authorizations page, the coverage texts (including the General provisions) and this Immediate Confirmation of Contract form the insurance contract. Desjardins Insurance will send the coverage texts to the policyowner as soon as possible.

Section A

Payment of premium when the Statements and authorizations page is signed

Conditions for the contract to take effect

The contract will take effect on the date the Statements and authorizations page is signed, if **all** of the conditions indicated below are **fully** met:

1. The Application, the Report and the Statements and authorizations page have been duly completed and signed.
2. The request for payment of the total initial premium identified in the Application is honoured when first presented to the financial institution designated by the policyowner.
3. All the proposed insureds are eligible for the Immediate Confirmation of Contract based on their answers to the questions in the Report.
4. Once the Application is locked in, the “Point-of-sale decision” window that appears on screen will indicate that the policyowner’s application has been approved at the point of sale.

If any of the above conditions is not satisfied, this Immediate Confirmation of Contract will become null and void.

Section B

Payment of premium when the policyowner receives the contract

Conditions for the contract to take effect

The contract will take effect on the date the policyowner receives the contract, if **all** of the conditions indicated below are **fully** met:

1. The Application, the Report and the Statements and authorizations page have been duly completed and signed.
2. The request for payment of the total initial premium identified in the Application is honoured when first presented to the financial institution designated by the policyowner
3. There have been no changes to the insurability conditions of the proposed insureds between when the Statements and authorizations page was signed and when the policyowner receives the contract. Insurability conditions include any situation that may influence Desjardins Insurance’s decision to issue a particular coverage, as explained in the Statements and authorizations page.
4. All the proposed insureds are eligible for the Immediate Confirmation of Contract based on their answers to the questions in the Report.
5. Once the Application is locked in, the “Point-of-sale decision” window that appears on screen will indicate that the policyowner’s application has been approved at the point of sale.

If any of the above conditions is not satisfied, this Immediate Confirmation of Contract will become null and void.

Exclusions and limitations - applicable to sections A and B

The exclusions and limitations indicated in the coverage texts (including the General provisions) apply as soon as all the conditions for the contract to take effect are met.

If the proposed insured’s age needs to be corrected, Desjardins Insurance will adjust the premium upward or downward, as applicable.

Examination period - applicable to sections A and B

The policyowner has 10 days from the date they receive their contract to read it and advise Desjardins Insurance in writing that they want to cancel the insurance. In this case, Desjardins Insurance will cancel the contract retroactive to when the Statements and authorizations page was signed. Desjardins Insurance will also refund any premiums paid by the policyowner, provided no claim has been submitted.

No representative of Desjardins Insurance, trainee or supervisor, if applicable, is authorized to change this Immediate Confirmation of Contract.



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Lock-in number: _____

Authorization to collect and communicate personal information

For the sole purpose of determining my insurability, managing my file and processing claims, I authorize Desjardins Insurance or its reinsurers:

1. to collect from any individual, legal entity or public or parapublic organization only the personal information they have about me that is needed to process my file. This information may be collected from third parties, including any health care professional or establishment, MIB, Inc., insurance and reinsurance companies, personal information brokers, investigation firms, the policyowner, my employer or my former employers;
2. to disclose to those individuals, legal entities or public or parapublic organizations only the personal information they have about me that is needed to manage my file;
3. to request, if applicable, an investigation report about me and to use the personal information contained in other files it may have that are now closed;

4. to disclose to my personal physician, **section F3**, any medical information about me that was obtained during the evaluation of my file;
5. to disclose to other insurers or reinsurers any information about me that is relevant to determining my eligibility for insurance;
6. to provide a brief report of my personal information to MIB, Inc., including information on my health.

This authorization also applies to collecting, using and disclosing personal and medical information concerning my minor children, insofar as they are subject to my application.

A photocopy of this authorization is as valid as the original.

Each policyowner and proposed insured, including children age 14 and older (Quebec) or 16 and older (provinces other than Quebec), have read this section before signing it.

X _____
Name (please print) and signature

Check off if:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Insured | <input type="checkbox"/> Guardian for child under age 18 (Quebec) |
| <input type="checkbox"/> Policyowner | <input type="checkbox"/> Child from age 14 to 17 (Quebec) |
| | <input type="checkbox"/> Legal representative for child under age 16 (provinces other than Quebec) |

X _____
Name (please print) and signature

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Insured | <input type="checkbox"/> Guardian for child under age 18 (Quebec) |
| <input type="checkbox"/> Policyowner | <input type="checkbox"/> Child from age 14 to 17 (Quebec) |
| | <input type="checkbox"/> Legal representative for child under age 16 (provinces other than Quebec) |

X _____
Name (please print) and signature

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Insured | <input type="checkbox"/> Guardian for child under age 18 (Quebec) |
| <input type="checkbox"/> Policyowner | <input type="checkbox"/> Child from age 14 to 17 (Quebec) |
| | <input type="checkbox"/> Legal representative for child under age 16 (provinces other than Quebec) |

X _____
Name (please print) and signature

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Insured | <input type="checkbox"/> Guardian for child under age 18 (Quebec) |
| <input type="checkbox"/> Policyowner | <input type="checkbox"/> Child from age 14 to 17 (Quebec) |
| | <input type="checkbox"/> Legal representative for child under age 16 (provinces other than Quebec) |

X _____
Name (please print) and signature

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Insured | <input type="checkbox"/> Guardian for child under age 18 (Quebec) |
| <input type="checkbox"/> Policyowner | <input type="checkbox"/> Child from age 14 to 17 (Quebec) |
| | <input type="checkbox"/> Legal representative for child under age 16 (provinces other than Quebec) |

X _____
Date (yyyy/mm/dd)

Receipt for the initial premium

Desjardins Insurance acknowledges receipt of the amount of \$ _____ from _____ by automatic withdrawal or by cheque. This amount is the total of initial premiums needed for the agreements in case of death, critical illness and disability to take effect, whichever is applicable.

X _____
Signature of representative Check if trainee

X _____
Signature of supervisor (Quebec only)

X _____
Date (yyyy/mm/dd)

If applicable, give this receipt to the policyowner.



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Notice applicable to MIB, Inc. - Give to policyowner

Information regarding the insurability of the person to be insured will be treated as confidential by Desjardins Insurance, its reinsurers and MIB, Inc., a non-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you submit an application for life or health insurance coverage for an individual or a benefit claim for an insured to another MIB, Inc. member company, upon request, MIB, Inc. will supply such company with the information it has on file about this person.

MIB, Inc. receives personal information for which the collection, use and disclosure is governed by the *Personal Information Protection and Electronic Documents Act* (PIPEDA) and provincial laws. Accordingly, MIB, Inc. has agreed to protect such information in a manner that is substantially similar to Desjardins Insurance's privacy and personal information protection practices and in accordance with applicable laws. As a U.S.-based company, MIB, Inc. is also bound by U.S. laws regarding the disclosure of personal information. If you have any questions about MIB, Inc.'s commitment to ensuring the confidentiality of insureds' personal information, contact the MIB, Inc. Privacy Department at privacy@mib.com.

Upon request, MIB, Inc. will disclose all of the information in an insured's file to that insured. Insureds can contact MIB, Inc. at **416-597-0590**. Insureds who dispute the accuracy of the information MIB, Inc. has on record for them can seek a correction in accordance with the procedures set forth on MIB, Inc.'s website at www.mib.com. They can also write to MIB, Inc.'s information office at **330 University Avenue, Suite 501, Toronto, Ontario M5G 1R7**.

Desjardins Insurance and its reinsurers can also release information from their files to other insurance companies to which an application for life or health insurance or a benefit claim has been submitted. Consumers can obtain additional information about MIB, Inc. at www.mib.com.

Personal information management

Desjardins Insurance handles the personal information it has on you in a confidential manner. Desjardins Insurance keeps this information on file so that you can benefit from the financial services (insurance, annuities, credit, etc.) it offers. This information is consulted solely by Desjardins Insurance employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy Officer, Desjardins Insurance, 200, rue des Commandeurs, Levis, Quebec, G6V 6R2.

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 transferred to another country and be subject to the laws of that country. For information about Desjardins Insurance's policies and practices regarding the transfer of personal information outside of Canada, visit the Desjardins Insurance website at www.desjardinslifeinsurance.com or write to the Desjardins Insurance Privacy Officer at the address indicated above. The Privacy Officer can also answer any questions about the transfer of personal information to service providers located outside of Canada.

**The following paragraph applies only if this form is submitted
by a representative of Desjardins Insurance or a representative affiliated with Desjardins Insurance.**

Desjardins Insurance can send promotional information or offer new products to individuals whose names appear on its client list. Desjardins Insurance may also give its client list to another component of the Desjardins Group for the same purposes. If you do not want to receive such offers, you may have your name removed from the list by sending a written request to the Privacy Officer at Desjardins Insurance.



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.



Lock-in number:

This page must be completed only if the mode of signature of the Electronic application is paper.

Statements and authorizations

1. The policyowner and the proposed insureds declare that all answers provided in this application, or in any other questionnaire or form relating to it, are true and complete to the best of their knowledge. The same applies to the answers provided during interviews, over the telephone or otherwise, to questions concerning insurability. They understand that Desjardins Insurance will issue the contract(s) based on these answers and statements.
2. The policyowner and the proposed insureds agree to notify Desjardins Insurance of any change that may affect the insurability conditions of the proposed insureds before the contract is formed. "Insurability condition" refers to any situation that may influence Desjardins Insurance's decision such as a change in health status, occupation, lifestyle, smoking habits or tobacco use, an accident, a consultation, examination or treatment by any health care professional, a recommendation to have a medical appointment or consultation with a health care professional that has not yet taken place, a medical test or a recommendation to have a medical test that has not yet been completed, a violation of the Highway Safety Code or other similar laws, a Criminal Code offence, foreign travels or participation in hazardous sports.
3. Each proposed insured agrees to have insurance being issued on them.
4. The policyowner acknowledges that:
 - a) they were given an accurate description of the coverages applied for;
 - b) the exclusions applicable to the coverages were clearly explained;
 - c) they received the illustration outlining the values and features of the coverages applied for, or the representative went over the illustration with them;
 - d) the information provided on their "Declaration of tax residence" is correct and complete (if applicable). They agree to give Desjardins Insurance a new declaration within 30 days in the event of any change in circumstances;
 - e) they will provide Desjardins Insurance any missing information on their "Declaration of tax residence" within 90 days;
 - f) they will provide Desjardins Insurance any business or trust number missing within 90 days;
 - g) the representative has disclosed or provided in writing to the policyowner the name of all life and health insurance companies on whose behalf they sell products, that they receive commissions or salary for the sale of their life and health insurance products and that they may qualify for additional compensation, such as bonuses and non-monetary benefits, like travel incentives.
5. The policyowner and the proposed insureds acknowledge that:
 - a) any misrepresentation, including the misrepresentation of smoking habits, may void the contract;
 - b) they have read and received a copy of the **section N - Notice Applicable to MIB, Inc. and Personal information management**.
6. The policyowner and the proposed insureds confirm that they read this section before signing it.
7. **For a Temporary insurance agreement:** the policyowner and the proposed insureds acknowledge having read the Temporary insurance agreement in case of death or the Temporary insurance agreement in case of critical illness and acknowledge understanding the terms and conditions stipulated in the applicable agreement(s). Each proposed insured declares not being affected by the exclusions or conditions mentioned in the applicable agreement(s).
8. **For the Conditional insurance agreement:** the policyowner and the proposed insureds acknowledge having read the Conditional insurance agreement in case of disability and acknowledge understanding the terms and conditions stipulated in said agreement. Each proposed insured declares not being affected by the exclusions or conditions mentioned in the Conditional insurance agreement in case of disability.

Note: If the policyowner is a corporation, trust or other entity:

- a) **the person authorized to sign on behalf of the policyowner must indicate their name and title (below and to the right) and sign on the "Signature of policyowner" line;**
- b) **the Identity Verification Supplementary Form (08295E) must be completed for life insurance contracts with cash surrender values or a savings component, and the supporting documentation must be attached to the application.**

Check off if:

X

Name (please print) and signature

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Insured | <input type="checkbox"/> Guardian for child under age 18 (Quebec) |
| <input type="checkbox"/> Policyowner | <input type="checkbox"/> Child from age 14 to 17 (Quebec) |
| | <input type="checkbox"/> Legal representative for child under age 16 (provinces other than Quebec) |

X

Name (please print) and signature

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Insured | <input type="checkbox"/> Guardian for child under age 18 (Quebec) |
| <input type="checkbox"/> Policyowner | <input type="checkbox"/> Child from age 14 to 17 (Quebec) |
| | <input type="checkbox"/> Legal representative for child under age 16 (provinces other than Quebec) |

X

Name (please print) and signature

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Insured | <input type="checkbox"/> Guardian for child under age 18 (Quebec) |
| <input type="checkbox"/> Policyowner | <input type="checkbox"/> Child from age 14 to 17 (Quebec) |
| | <input type="checkbox"/> Legal representative for child under age 16 (provinces other than Quebec) |

X

Name (please print) and signature

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Insured | <input type="checkbox"/> Guardian for child under age 18 (Quebec) |
| <input type="checkbox"/> Policyowner | <input type="checkbox"/> Child from age 14 to 17 (Quebec) |
| | <input type="checkbox"/> Legal representative for child under age 16 (provinces other than Quebec) |

X

Name (please print) and signature

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Insured | <input type="checkbox"/> Guardian for child under age 18 (Quebec) |
| <input type="checkbox"/> Policyowner | <input type="checkbox"/> Child from age 14 to 17 (Quebec) |
| | <input type="checkbox"/> Legal representative for child under age 16 (provinces other than Quebec) |

X

If the policyowner is a corporation, trust or other entity, indicate the name and title of the person authorized to sign on its behalf.

X

Signature of the person authorized to sign on behalf of the policyowner

X

Date (yyyy/mm/dd)

X

Signed at (city, province)

Pre-authorized debit agreement (PAD)

I authorize Desjardins Insurance to debit my account held at the financial institution indicated and according to the period and amounts indicated in **Payment and premium instruction** section of the application. Moreover, I acknowledge having read the terms and conditions regarding the PAD in **Payment and premium instruction** section of the application and I understand that, to the extent possible, I will receive a copy of the signed authorization. I will not receive any other confirmation prior to the first payment.

X

Name (please print) and signature of account holder

X

Date (yyyy/mm/dd)

X


Name (please print) and signature of the second account holder
(Only if two signatures are required)

X

Date (yyyy/mm/dd)




Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

 **This page must be completed only if the mode of signature of the Electronic application is paper.**

Declaration of the representative

The representative declares that:

1. the policyowner and proposed insureds have read all the questions in this application and that, to the best of the representative's knowledge, the answers are true and complete;
2. they have personally seen the proposed insureds and the original of the document presented by the policyowner for their identification;
3. they have disclosed or provided in writing to the policyowner the name of all life and health insurance companies on whose behalf they sell products, that they receive commissions or salary for the sale of their life and health insurance products and that they may qualify for additional compensation, such as bonuses and non-monetary benefits, like travel incentives.
4. they have disclosed in writing to the policyowner any conflict of interest relevant to this application;
5. they have completed the Identity verification supplementary form (08295E) and ensured that all the required documents have been attached to the application, if the policyowner is a corporation, trust or other entity (for insurance contracts with cash surrender values or a savings component).

 **X** _____
Name (please print) and signature of the representative

X _____
Representative code

X _____
Date (yyyy/mm/dd)

X _____
Quebec only: Name (please print) and signature of supervisor, if required

X _____
Date (yyyy/mm/dd)



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

Specific consent

Applicable to Quebec only

When one of our representatives offers you financial products such as insurance and annuities, we wish to obtain from you certain relevant information of a personal and/or financial nature. For specifics on the content of each of these information categories, please read the other side of this page. Please authorize, in the table below, the "Required information categories to be accessed" for which you give consent.

After reading the Notice of specific consent shown on the back, I, the undersigned, agree that the information that Desjardins Financial Security, Financial Services Firm holds concerning me be used at the time of the financial services offer of insurance and annuities.

This consent will be valid until it is cancelled or until the cancellation date indicated below.

Identification and signature – policyowner and insured		Required information categories to be accessed and client's authorization		Cancellation date (if applicable)
First and last name	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last name	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancellation date (if applicable)
Signature	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last name	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancellation date (if applicable)
Signature	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last name	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancellation date (if applicable)
Signature	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last name	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancellation date (if applicable)
Signature	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last name	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancellation date (if applicable)
Signature	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last name	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancellation date (if applicable)
Signature	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	

In accordance with the *Act Respecting the Protection of Personal Information in the Private Sector*, **you may request access to the information that we hold pertaining to you.**



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Specific consent (cont.)

A - Notice of specific consent

You are free to grant or refuse this consent

Section 92 of the *Act Respecting the Distribution of Financial Products and Services*

What you must know

- At this date, we hold certain information relating to you.
- We require your consent to allow some of our representatives to have access to this information.
- These representatives will also have access to any update of the information done during the period of validity of the consent.
- These representatives will use the information available in order to solicit you for the purchase of new financial products and services.

You are free to set the period of validity of your consent

- If you grant consent for an undetermined period of time, you may at any time terminate it by revoking it. At the end of this form, you will find a revocation notice model that you may use for this purpose or as a basis for preparing your own notice.
- If you wish to grant consent for a limited period of time, you may do so by determining this period yourself. This form provides, in the "Specific consent" section, a place where you may write down the period of validity desired.

The Act Respecting the Distribution of Financial Products and Services gives you important rights.

Without this specific consent, Desjardins Financial Security, Financial Services Firm may not use this information for a purpose other than the purpose for which it was collected. **Desjardins Financial Security, Financial Services Firm cannot compel you to give your consent or refuse to do business with you if you refuse to give it.** Section 94 of the Act protects you. For further information, contact the Autorité des marchés financiers at:

Quebec: 418-525-0337 **Montreal:** 514-395-0337 **Toll-free:** 1-877-525-0337

We hold certain information pertaining to you that we have collected when offering financial products and services including insurance, annuities, credit and other related services.

B - Required information categories to be accessed

Personal: for example, first and last name, date of birth, sex, address, phone number, occupation.

Financial: for example, personal and household income, dependents, other insurance contracts and annuities in force, investments, financial statement and, if a company, statement of assets and liabilities.

C - Model of revocation of specific consent

First name and last name (please print)			Contract number
Address - No., street			Date of birth
City	Province	Postal code	Telephone

**I hereby revoke the specific consent given to:
Desjardins Financial Security, Financial Services Firm
200, rue des Commandeurs, Lévis, Quebec G6V 6R2
by the following notice:**

On: _____
(yyyy/mm/dd)

I, the undersigned, _____, hereby notify you that I am
Policyowner's or insured's first name and last name
cancelling the specific consent authorizing the communication of my personal information for new purposes.

Consent given to you on: _____
Date of consent (yyyy/mm/dd)

Signature of policyowner or insured **X** _____



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