

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 - Conditions applying to index- or fund-linked investments**

The return on indexed funds varies in accordance with the value of each index, including dividends. **The investment return may be positive or negative, based on the performance of the indexes, and is not guaranteed.**

Desjardins Insurance charges annual investment fees on indexed accounts. These fees vary based on the indexed account selected.

**List of investment options** (Please choose among the investment options below to complete the form.)

Daily Interest Option	Indexed Account - Money Market (Desjardins)	Indexed Account - Dividend Income (Desjardins)
Guaranteed Interest Option 1 year	Indexed Account - Canadian Bond (Desjardins)	Indexed Account - Canadian Equity Value (Desjardins)
Guaranteed Interest Option 3 years	Indexed Account - Short-Term Income (Desjardins)	Indexed Account - Canadian Balanced (Franklin Bissett)
Guaranteed Interest Option 5 years	Indexed Account - Tactical Balanced (Desjardins)	Indexed Account - Dividend Income (Franklin Bissett)
Guaranteed Interest Option 10 years	Indexed Account - Quebec Balanced (Desjardins)	Indexed Account - Canadian Balanced (Fidelity)
Indexed Account - Bond	Indexed Account - U.S. Monthly Income (Fidelity)	Indexed Account - Canadian Equity (Fidelity True North®)
Indexed Account - Canadian	Indexed Account - Income and Growth (CI Signature)	Indexed Account - Specialty Equity (NEI Northwest)
Indexed Account - American	Indexed Account - Diversified Income (Franklin Quotential)	Indexed Account - Global Dividend (Desjardins)
Indexed Account - European	Indexed Account - Balanced Income (Franklin Quotential)	Indexed Account - American Equity Value (Desjardins)
Indexed Account - Japanese	Indexed Account - Balanced Growth (Franklin Quotential)	Indexed Account - International Equity Value (Desjardins)
Indexed Account - Technology	Indexed Account - Growth (Franklin Quotential)	Indexed Account - International Equity Growth (Desjardins)

**C - Transfer of accumulated funds**

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

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

Investment option	<input type="checkbox"/> \$ or <input type="checkbox"/> %	Investment option	<input type="checkbox"/> \$ or <input type="checkbox"/> %
From		to	
From		to	
From		to	
From		to	
From		to	
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 D** must be completed.
- 4- Fund transfers are made on a first in, first out basis.


**D - Modify future premiums**

Split future premiums as follows:

Investment option	<input type="checkbox"/> \$ or <input type="checkbox"/> %	Investment option	<input type="checkbox"/> \$ or <input type="checkbox"/> %
From		to	
From		to	
From		to	
From		to	
From		to	
From		to	

- Increase Billed Planned Premium to \$ \_\_\_\_\_ Payable  Annually  Semi-Annually  Monthly PAC
- Decrease Billed Planned Premium to \$ \_\_\_\_\_ Payable  Annually  Semi-Annually  Monthly PAC

**E - 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

**F - 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)