

Contract number:


When to use this form

Use this form to change or remove a coverage that was previously applied for or to add an additional coverage.

Instructions for the representative

You cannot use this form to add an insured person.

1. You must provide an illustration for the contract you want to make changes to.
2. You must indicate all the changes you want to make to the contract in **section C**.
3. You cannot use this form to add a coverage, unless it is an **additional coverage**.

 To add any other coverage, you need to complete a new insurance application (07002E), except for the **Insurability Statement** section.

A – Identification of the policyowner

Policyowner 1 – Individual

First name	Last name
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Policyowner 2 – Individual (if applicable)

First name	Last name
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Policyowner – Corporation, trust or other entity

Name


Person authorized to sign for the policyowner – corporation, trust or other entity

First name	Last name
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B – Identification of the representative

First name	Last name	Representative code	Field office code
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C – Requested changes

 Please indicate **all the changes you want to make to the contract** and indicate who the insured person is for each change.
Example: Increasing the Life Term 10 coverage: insurance amount from \$150,000 to \$500,000 for [Insured person's name].

D – Beneficiary designation – To be completed when adding additional coverages

Check **the appropriate box** regarding the beneficiaries for any additional coverages applied for. This section does not change anything the policyowner indicated in the initial application or request.

- The policyowner wants to designate the same beneficiaries as those designated in the initial application or request, for the same type of coverage.
Example: The same beneficiaries designated in the initial application or request to receive a payment when the insured person dies will apply for an additional coverage that pays an amount when the insured person dies.
- The policyowner wants to designate different beneficiaries from the ones designated in the initial application or request, **or** they want to designate beneficiaries for the first time, because they did not need to designate any for this type of coverage in the initial application or request.

 In both cases, a duly completed and signed **Designation or Change of Beneficiary (17073E)** form must be attached to this change request.

E – Paying for the insurance

E1 – Premium information


- Check **the appropriate box** and indicate the premium that will be payable **for the whole contract** after the requested change has been made.

For a contract without Additional Deposit Option (ADO)

<input type="checkbox"/> Monthly premium	<input type="checkbox"/> Annual premium	<input type="checkbox"/> Semi-annual premium (in-force contract only)
Amount: \$ _____	Amount: \$ _____	Amount: \$ _____

Note: For a universal life insurance contract, the premium includes the total cost of insurance, the savings and the provincial premium tax.

For a contract with Additional Deposit Option (ADO)

 Enter **0** on the **Deposit** line if you do not want to make a deposit at the same time as the premium payment.


<input type="checkbox"/> Monthly premium and deposit	<input type="checkbox"/> Annual premium and deposit	<input type="checkbox"/> Semi-annual premium and deposit (in-force contract only)
Premium: \$ _____	Premium: \$ _____	Premium: \$ _____
Deposit: \$ _____	Deposit: \$ _____	Deposit: \$ _____
Total monthly amount: \$ _____	Total annual amount: \$ _____	Total semi-annual amount: \$ _____

E2 – Payment method

- Check **the appropriate box** and provide the required information or documents, if applicable.

Keep the payment method set out in the initial application or request.


For payment by **pre-authorized debits**, a new, duly completed and signed **Pre-Authorized Debit (PAD) Agreement (09312E)** must be included with this change request.

 If the contract to be modified is a contract with Additional Deposit Option (ADO) and a **one-time deposit** had been initially requested, this deposit must be adjusted based on the requested change, if applicable, and **section E3** must be completed.

Change the payment method to:

Pre-authorized debits

A duly completed and signed **Pre-Authorized Debit (PAD) Agreement (09312E)** must be attached to this change request.

 If the contract to be modified is a contract with Additional Deposit Option (ADO) and a **one-time deposit** had been initially requested, this deposit must be adjusted based on the requested change, if applicable, and **section E3** must be completed.

Credit card

The cardholder must call 1-800-278-0669 for identification purposes and sign below.


Important: To pay by credit card, the payment frequency must be **annual** (maximum of \$10,000).

For a contract with ADO, the payment must include **the annual premium and deposit**.

First and last names of credit cardholder

X _____
Signature of credit cardholder


Date (yyyy/mm/dd)

 By signing above, the person confirms that they are the credit cardholder and they agree to the card being used to pay the amount indicated in the **Premium information** section.

Cheque


An original cheque made out to Desjardins Insurance must be attached to this request.

Important: To pay by cheque, the payment frequency must be **annual**.

 If the contract to be modified is a contract with Additional Deposit Option (ADO) and a **one-time deposit** had been initially requested, this deposit must be adjusted based on the requested change, if applicable, and **section E3** must be completed.

E3 – Other payment or reimbursement

- Please complete this section to make a one-time payment or reimbursement related to the contract to be modified.
- If the contract to be modified is a contract with Additional Deposit Option (ADO) and a **one-time deposit** had been initially requested, this deposit must be adjusted based on the requested change, if applicable.

Contract to be modified	Payment method
<input type="checkbox"/> One-time deposit for the Additional Deposit Option coverage Amount: \$ _____	<input type="checkbox"/> Pre-authorized debit Complete the One-time payment section of the Pre-Authorized Debit (PAD) Agreement (09312E) form. OR <input type="checkbox"/> Cheque Please attach a cheque made out to Desjardins Insurance.
<input type="checkbox"/> Additional deposit made to the accumulation account (for universal life insurance contracts) Amount: \$ _____	<input type="checkbox"/> Pre-authorized debit Complete the One-time payment section of the Pre-Authorized Debit (PAD) Agreement (09312E) form. OR <input type="checkbox"/> Cheque Please attach a cheque made out to Desjardins Insurance.
<input type="checkbox"/> Repayment of a contract loan Amount: \$ _____	<input type="checkbox"/> Pre-authorized debit Complete the One-time payment section of the Pre-Authorized Debit (PAD) Agreement (09312E) form. OR <input type="checkbox"/> Cheque Please attach a cheque made out to Desjardins Insurance.
<input type="checkbox"/> Deposit into a Premium Deposit Account for premium payment purposes Amount: \$ _____ Provide instructions for withdrawing the recurring amount from the Premium Deposit Account :	<input type="checkbox"/> Pre-authorized debit Complete the One-time payment section of the Pre-Authorized Debit (PAD) Agreement (09312E) form. OR <input type="checkbox"/> Cheque Please attach a cheque made out to Desjardins Insurance.
 Some conditions may apply to using the account.	

F – Statements and signatures

F1 – Policyowner's statements and signature

1. The policyowner understands that this form is an integral part of the contract and that the information in it will be used to issue the contract or make the requested change, if applicable.
2. The policyowner acknowledges that the representative:
 - a) gave them the illustration outlining the values and/or features of the coverages applied for;
 - b) clearly explained the nature of the changes indicated in **section C** and any exclusions that apply, if applicable.

Policyowner – Individual

 **If there is more than one policyowner, all policyowners must sign.**

X

Policyowner's signature

Signed at (City and province/territory)

Date (yyyy/mm/dd)

X

Policyowner's signature

Signed at (City and province/territory)

Date (yyyy/mm/dd)

Policyowner – Corporation, trust or other entity

X

Signature of the person authorized to sign for the policyowner

Signed at (City and province/territory)

Date (yyyy/mm/dd)

F2 – Insured person’s statement and signature (applies only if additional coverages are added)

 Each insured person affected by a change must sign.

The insured person agrees to have insurance issued on them.

Insured person age **18 or older** (Quebec) or **16 or older** (provinces and territories other than Quebec)

X _____
Insured person’s signature Signed at (City and province/territory) Date (yyyy/mm/dd)

X _____
Insured person’s signature Signed at (City and province/territory) Date (yyyy/mm/dd)

If the insured person is **under age 18** (Quebec) or **under age 16** (provinces and territories other than Quebec), a parent, guardian or legal representative must sign.

Person signing: Parent (father or mother) Guardian (Quebec) Legal representative (provinces and territories other than Quebec)

Signing for: _____
Insured person’s first and last names

_____ **X** _____
First and last names of the person signing (please print) Signature Signed at (City and province/territory) Date (yyyy/mm/dd)

Signing for: _____
Insured person’s first and last names

_____ **X** _____
First and last names of the person signing (please print) Signature Signed at (City and province/territory) Date (yyyy/mm/dd)

G – Irrevocable beneficiary’s and creditor’s consent (if applicable)

 This section must be completed if an irrevocable beneficiary or a creditor who holds a guarantee on the contract must sign.

Irrevocable beneficiary

The irrevocable beneficiary authorizes all changes requested in this form, including revoking their designation as irrevocable beneficiary, if applicable.

_____ **X** _____
First and last names Signature Signed at (City and province/territory) Date (yyyy/mm/dd)

_____ **X** _____
First and last names Signature Signed at (City and province/territory) Date (yyyy/mm/dd)

Creditor who holds a guarantee on the contract

The creditor authorizes all changes requested in this form.

_____ **X** _____
Creditor’s name Signature Signed at (City and province/territory) Date (yyyy/mm/dd)

H – Representative’s statement and signature

The representative declares that they have:

- explained the changes indicated in **section C** to the policyowner;
- given the policyowner the illustration confirming the changes requested in this form.

X _____
Representative’s signature Check if trainee Signed at (City and province/territory) Date (yyyy/mm/dd)