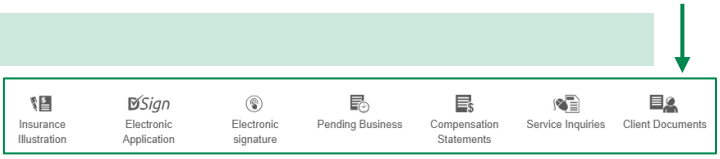
Securely send the electronic contract to the policyowner

In most cases, the electronic contract is available the day after you receive the email informing you that the contract is in force.

1 Download the contract.

- Go to **Client Documents**:
  - Via the Pending Business tool, using the link received.
  - Via the tool bar on Webi.



- Search by contract number or client name.
- In the list of documents, use the magnifying glass to select the **E-contract**.
- Download it to your workstation.

2 Download the delivery receipt.

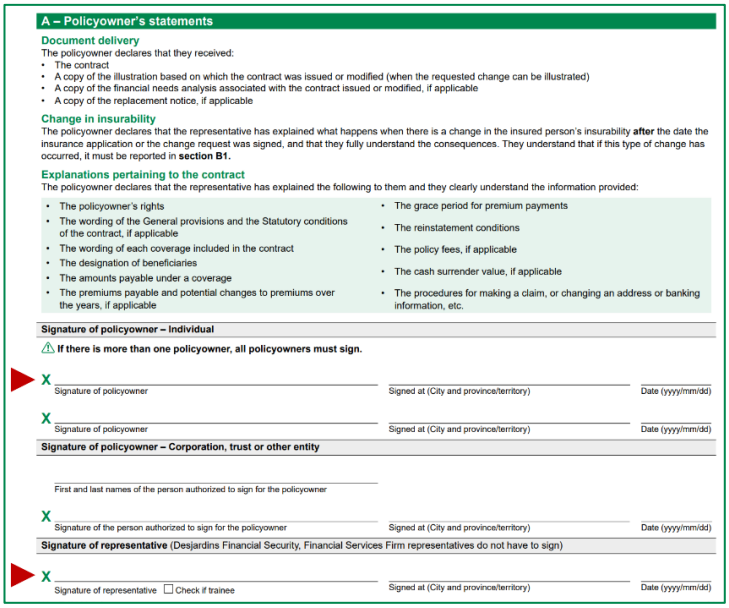
- Go to Webi and download the Delivery Receipt – 11155E.
- Fill out the **Contract number** and enter the names of the policyowners.

3 Verify insurability.

- Contact the policyowner to find out if there have been any changes to any of the insured persons' insurability conditions.
- If there have been changes, follow the steps in the If there is a change in insurability section.

4 Send the contract with the delivery receipt.

- Use OneSpan e-signature solution.
- Add the signature indicator to Section A for:
  - The policyowner
  - Your own signature.
- Attach the electronic contract, financial needs analysis and illustration, if applicable.
- Send the signature request.



A – Policyowner's statements

Document delivery
The policyowner declares that they received:
- The contract
- A copy of the illustration based on which the contract was issued or modified (when the requested change can be illustrated)
- A copy of the financial needs analysis associated with the contract issued or modified, if applicable
- A copy of the replacement notice, if applicable

Change in insurability
The policyowner declares that the representative has explained what happens when there is a change in the insured person's insurability **after** the date the insurance application or the change request was signed, and that they fully understand the consequences. They understand that if this type of change has occurred, it must be reported in **section B1.**

Explanations pertaining to the contract
The policyowner declares that the representative has explained the following to them and they clearly understand the information provided:

- The policyowner's rights
- The wording of the General provisions and the Statutory conditions of the contract, if applicable
- The wording of each coverage included in the contract
- The designation of beneficiaries
- The amounts payable under a coverage
- The premiums payable and potential changes to premiums over the years, if applicable
- The grace period for premium payments
- The reinstatement conditions
- The policy fees, if applicable
- The cash surrender value, if applicable
- The procedures for making a claim, or changing an address or banking information, etc.

Signature of policyowner – Individual

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

X _____ Signature of policyowner | Signed at (City and province/territory) | Date (yyyy/mm/dd)

X _____ Signature of policyowner | Signed at (City and province/territory) | Date (yyyy/mm/dd)

Signature of policyowner – Corporation, trust or other entity

First and last names of the person authorized to sign for the policyowner

X _____ Signature of the person authorized to sign for the policyowner | Signed at (City and province/territory) | Date (yyyy/mm/dd)

Signature of representative (Desjardins Financial Security, Financial Services Firm representatives do not have to sign)

X _____ Signature of representative ☐ Check if trainee | Signed at (City and province/territory) | Date (yyyy/mm/dd)

5 Keep the document.

- Keep the delivery receipt signed by all parties in your client file.

Important: For privacy reasons, delete all documents downloaded to your workstation.

Securely send the electronic contract to the policyowner

If there is a change in insurability
Do not send the contract

1 Indicate the change in section B1 of the delivery receipt. Include the date.

B1 – Change in insurability

Use this section to report all changes in the insured person's insurability since the date the insurance application or change request was signed, as applicable. A change in insurability may prevent the contract or requested change from taking effect.

What is a change in insurability?

A change in insurability may include:

- A change in health status
- An illness, disease, disorder, injury, operation or treatment
- A consultation, examination or treatment by any healthcare professional
- A recommendation for a medical appointment or consultation with a healthcare professional that has not yet taken place
- A medical test or recommendation to have a medical test of any kind that has not yet taken place
- An accident
- A change in occupation, tasks or responsibilities
- A change in lifestyle habits:
  - Use of tobacco, nicotine products, alcohol, cannabis, etc.
  - Participation in hazardous sports
  - Travel or stay outside Canada or the United States
- A Highway Safety Code offence (or any offence to other similar laws)
- A Criminal Code offence
- Etc.

Instructions: Please indicate all changes in insurability for the insured person that have occurred since the date the insurance application or the change request was signed, as applicable.

Date	Description of the change in insurability

- If there are changes in health status or lifestyle habits for more than one proposed insured, fill out form Supplementary Insurability Statement – 14238E for each of them..

2 Add the signature indicator to section B3 of the delivery receipt for the policyowner and yourself.

B3 – Insured person's and policyowner's statements and signatures

The insured person and the policyowner:

1. declare that all the information provided in **sections B1 and B2** is true and complete. They understand that this information will be used to issue the contract or make the requested change;
2. understand that all changes in insurability that have occurred since the date the application or the change request was signed, if applicable, must be reported in **section B1**;
3. understand that any information provided in **section B** may prevent the contract or requested change from taking effect;
4. understand that any incorrect information entered on this document may lead to the cancellation of the contract or the requested change.

X _____ Insured person's signature **or** signature of a parent, guardian or legal representative if the person is under age 14 (Quebec) or under age 16 (provinces and territories other than Quebec)

Signed at (City and province/territory) _____

Date (yyyy/mm/dd) _____

Signature of 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) _____

3 Send the signature request.

4 Submit the delivery receipt signed by all parties:

- Via the Pending Business tool, or;
- If the contract is in force, by secure email to Desjardins_Service@desjardins.com.

The insurance application will then be reassessed. You can keep track of it in the PB tool.

Important: For privacy reasons, delete all documents downloaded to your workstation.