Desjardins Insurance
Life • Health • Retirement

1, Complexe Desjardins
Montréal (Québec) H5B 1E2
1-800-278-0669

200, rue des Commandeurs
Lévis (Québec) G6V 6R2
1-800-278-0669

Request for Change of Policyowner

Contract number:

Reset Print

Changing or adding a policyowner must always be done with a representative.

Important information

If you only want to designate or change beneficiaries, please use the **Designation or Change of Beneficiary - 17073E** form.

When changing a policyowner, if you want to update the payment instructions for the contract, you must provide one of the following: the completed **Pre-Authorized Debit (PAD) Agreement form – 09312E**, a cheque made out to Desjardins Insurance, or you can call 1-800-278-0669 to give us a credit card number.

1- For a change or addition of a policyowner, a new beneficiary designation must be made. Even if the beneficiaries are not changing, they must be designated again in the appropriate part of **section C - Designation or change of beneficiary**.

2- If beneficiaries are not designated when changing policyowners and the new policyowner is not an insured, the new beneficiary will automatically be the new designated policyowner.

3- If beneficiaries are not designated when changing policyowners and the new policyowner is also the insured, the new beneficiaries will also automatically be the heirs of the new designated policyowner.

4- If the previous policyowner had additional disability, death or job loss coverages, such coverages will be terminated when the policyowner is changed.

5- If you are requesting a policyowner change as a result of a divorce or separation judgment, please attach a copy of the judgment.

6- The power of attorney and protection mandate do not provide for the right to change or add a policyowner, a contingent policyowner, a beneficiary or a contingent beneficiary, unless such authorization is expressly provided for in these documents.

7- The new policyowner can get a copy of the contract from the previous policyowner or by requesting one from Desjardins Insurance.

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Identification of current policyowner(s)	
First name	Last name
First name	Last name

A - Change of policyowner

A1 - Change of policyowner in favour of an individual (or addition of an "individual" policyowner)

- In the table below, please identify the policyowners you want to name for this contract.
  ⚠ **Attention:** You must name any existing policyowners you want to keep.
- For a change or an addition of a policyowner for a life insurance contract with cash surrender values or a savings component, please also complete **section A8 - Declaration of tax residence.**

New policyowner 1		**New policyowner 2**	
First name		First name	
Last name		Last name	
Sex ☐ Female ☐ Male	Date of birth (yyyy/mm/dd)	Sex ☐ Female ☐ Male	Date of birth (yyyy/mm/dd)
Address (No., street, apt.)		Address (No., street, apt.)	
City	Province or territory	City	Province or territory
Postal code	Email	Postal code	Email
10-digit phone number Home: _____ Cell.: _____ Work: _____, ext.: _____		10-digit phone number Home: _____ Cell.: _____ Work: _____, ext.: _____	
Specific occupation (e. g., building engineer)		Specific occupation (e. g., building engineer)	
Identification of the relationship between the policyowner and the insureds (mandatory in Quebec only)		**Identification of the relationship between the policyowner and the insureds** (mandatory in Quebec only)	
Name of the insured 1	Name of the insured 2	Name of the insured 1	Name of the insured 2
Relationship between the policyowner and the insured		**Relationship between the policyowner and the insured**	
Insured 1	Insured 2	Insured 1	Insured 2
Signature of the insured (mandatory only if there is no insurable interest* between the policyowner and the insured)		**Signature of the insured** (mandatory only if there is no insurable interest* between the policyowner and the insured)	
Signature of the insured 1 X	Signature of the insured 2 X	Signature of the insured 1 X	Signature of the insured 2 X

* By law, there is an insurable interest between the policyowner and the insured when they are related by blood or have a shared pecuniary or moral interest. The policyowner has an insurable interest in their own life and health and in the life and health of their spouse, their children, their spouse's children, or persons who contribute to their support or education. The policyowner also has an insurable interest in the life and health of persons in whose life and health they have a pecuniary or moral interest.

A2 - Designation or change of contingent policyowner

- Please complete the table below to designate or change the contingent policyowner.
  Upon the death of any policyowner, their rights and interests in the contract will be transferred to:

☐ **The contingent policyowner named below** ☐ **The surviving policyowner** (applies only when there is more than one policyowner)

First and last names of contingent policyowner		
Sex ☐ Female ☐ Male	Date of birth (yyyy/mm/dd)	Email
Address (No., street, apt.)		
City		10-digit phone number Home: _____ Cell.: _____ Work: _____, ext.: _____
Province or territory	Postal code	

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A - Change of policyowner (cont.)

A3 - Change of policyowner in favour of a corporation, trust or other entity

Instructions: 1- Complete this section if the new policyowner is a corporation, trust or other entity (e.g., Health Priorities – Business, SOLO Loan Insurance). "Corporation" may refer to a company or a joint stock company, and "other entity" may refer to a partnership or association.

2- Provide the certificate of incorporation for the corporation or other entity designated as the new policyowner and make sure that all directors are listed on it.

3- Complete form **08295E** for all life insurance contracts with cash surrender values or a savings component.

Federal business number (all provinces and territories)	**Provincial business number** (Quebec only)	or	**Federal trust number** (all provinces and territories)	**Provincial trust number** (Quebec only)
			T - -	

Important: If the business or trust number is missing, the policyowner must provide it to Desjardins Insurance within **90 days.**

Name (corporation, trust or other entity)	Financial year-end (yyyy/mm/dd)

Address (No., street, apt.)

City	Province or territory	Postal code

Email	10-digit phone number , ext.:

Identification of authorized signatory

- Please attach the document(s) providing authorization to act by the authorized signatory identified below (i. e.: Power of Attorney or Company Resolution)

First Name	Last Name

Address (No., street, apt.)	City

Province or territory	Postal code	Specific occupation (e.g., building engineer)

Identification of the relationship between the policyowner and the insureds (mandatory in Quebec only)

Name of the insured 1	Name of the insured 2

Relationship between the policyowner and the insured

Insured 1	Insured 2

Signature of the insured (mandatory only if there is no insurable interest* between the policyowner and the insured)

Signature of the insured 1	Signature of the insured 2
X	X

*By law, the policyowner has an insurable interest in the life and health of their subordinates and staff or of persons in whose life and health they have a pecuniary interest.

A4 - Identification of a new policyowner (Death of the current policyowner)

Declaration

Instructions: You must provide the policyowner's death certificate with this form.

I, the undersigned, primary executor of the deceased policyowner's estate, hereby declare the following:

1- The policyowner indicated in the "Identification of current policyowner(s)" section at the top of page 2, _____, died on (yyyy/mm/dd) _____, as evidenced by the death certificate submitted to Desjardins Insurance.

2- The above-mentioned contract is included in the deceased's estate.

3- I am the designated executor of the deceased policyowner's estate pursuant to the document checked below.

⚠ **Attention:** You must enclose a copy of the selected document with your request:

Province of Quebec	**All provinces or territories (except Quebec)**
☐ Will ☐ Marriage contract or civil union spouse	☐ Will
☐ Legislative provisions (If no testamentary provisions exist, attach relevant documents.)	☐ Certificate of appointment of estate trustee/Notarized copy of letters probate

_____ X _____

Name of executor (please print) Signature of executor

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A - Change of policyowner (cont.)

Identification of new policyowner (Death of the current policyowner)

The above-mentioned executor hereby confirms that this contract is bequeathed to the person indicated below.

- For a change in policyowner for a life insurance contract with cash surrender values or a savings component, please complete **section A8 - Declaration of tax residence.**

First name	Last name	Sex ☐ Female ☐ Male	Date of birth (yyyy/mm/dd)
Address (No., street, apt.)		City	Province or territory
Postal code	Email	10-digit phone number Home: _____ Cell.: _____	
Specific occupation (e.g., building engineer)		Work: _____, ext.: _____	

Identification of the relationship between the policyowner and the insureds (mandatory in Quebec only)

Name of the insured 1	Name of the insured 2

Relationship between the policyowner and the insured

Insured 1	Insured 2

Signature of the insured (mandatory only if there is no insurable interest* between the policyowner and the insured)

Signature of the insured 1	Signature of the insured 2
X	X

*By law, there is an insurable interest between the policyowner and the insured when they are related by blood or have a shared pecuniary or moral interest. The policyowner has an insurable interest in their own life and health and in the life and health of their spouse, their children, their spouse's children, or persons who contribute to their support or education. The policyowner also has an insurable interest in the life and health of persons in whose life and health they have a pecuniary or moral interest.

A5 - Transfer of the contract to the contingent policyowner (Death of the current policyowner)

Instructions: You must provide the policyowner's death certificate with this form.

Identification of contingent policyowner

- For a change in policyowner for a life insurance contract with cash surrender values or a savings component, please complete **section A8 – Declaration of tax residence.**

First name	Last name	Sex ☐ Female ☐ Male	Date of birth (yyyy/mm/dd)
Address (No., street, apt.)		City	
Province or territory	Postal code	10-digit phone number Home: _____ Cell.: _____	
Email		Work: _____, ext.: _____	

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A - Change of policyowner (cont.)

A6 - Verification of policyowner's identity by representative (Policyowner – Individual)

Instructions: If a policyowner has been identified in **section A1, A4** or **A5,** please complete the section below and **section G - Representative information and declaration.**

- **Do not attach any of the documents you used to confirm a policyowner's identity.**

Policyowner whose identity is being verified:	Policyowner whose identity is being verified:
☐ **New policyowner 1** identified in **section A1** ☐ New policyowner identified in **section A4** ☐ New policyowner identified in **section A5**	☐ **New policyowner 2** identified in **section A1**
☐ Citizenship card ☐ Health insurance card* ☐ Driver's licence ☐ Passport ☐ Other photo card issued by a government *Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes.	☐ Citizenship card ☐ Health insurance card* ☐ Driver's licence ☐ Passport ☐ Other photo card issued by a government *Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes.
Place of issue Province, territory or state: _____ Country: _____	Place of issue Province, territory or state: _____ Country: _____
Expiry date (yyyy/mm/dd) (an expired ID is not valid) / Date ID checked (yyyy/mm/dd)	Expiry date (yyyy/mm/dd) (an expired ID is not valid) / Date ID checked (yyyy/mm/dd)

Complete the following section if the contract includes life insurance coverage with cash surrender values or a savings component.

Number of the ID selected above	Number of the ID selected above
If the identity is being checked remotely, the policyowner must also show one of the following documents to confirm their name and address: ☐ Utility bill ☐ Employment Insurance benefit statement ☐ Statement of Old Age Security ☐ Statement of Canada Pension Plan Benefits ☐ Bank or credit card statement (the statement **must not be issued** by a caisse or entity of Desjardins Group) ☐ Other document from a reliable source that contains the policyowner's name and address: _____	If the identity is being checked remotely, the policyowner must also show one of the following documents to confirm their name and address: ☐ Utility bill ☐ Employment Insurance benefit statement ☐ Statement of Old Age Security ☐ Statement of Canada Pension Plan Benefits ☐ Bank or credit card statement (the statement **must not be issued** by a caisse or entity of Desjardins Group) ☐ Other document from a reliable source that contains the policyowner's name and address: _____
Name of issuer	Name of issuer
Account or reference number	Account or reference number
Date of issue (yyyy/mm/dd)	Date of issue (yyyy/mm/dd)

A7 - Verification of authorized signatory's identity by representative (Policyowner – Corporation, trust or other entity)

Instructions: If an authorized signatory has been identified in **section A3,** please complete the section below and **section G - Representative information and declaration.**

- If the contract includes life insurance coverage with cash surrender values or a savings component, please verify the authorized signatory's identity using form **08295E** instead.
- **Do not attach any of the documents you used to confirm a policyowner's identity.**

☐ Citizenship card ☐ Driver's licence ☐ Health insurance card* ☐ Passport ☐ Other photo card issued by a government

*Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes.

Place of issue	Expiry date (yyyy/mm/dd) (an expired ID is not valid)	Date ID checked (yyyy/mm/dd)
Province, territory or state: _____ Country: _____		

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A - Change of policyowner (cont.)

A8 - Declaration of tax residence (Policyowner – Individual)

- **To be completed for requests to change or add policyowners on life insurance coverage with cash surrender values or a savings component.**
- If the policyowner is a corporation, trust or other entity, please fill out form **08295E** for the declaration of tax residence.

For more information, please refer to the documents on *web*i.

Instructions: Check all the options that apply to your situation and provide all the requested information.
If your declaration is not completed properly, we will not be able to process your request.

Policyowner completing the declaration:

☐ **New policyowner 1** identified in **section A1**

☐ New policyowner identified in **section A4**

☐ New policyowner identified in **section A5**

☐ **I am a tax resident of Canada.**

☐ **I am a tax resident or a citizen of the United States.**

a) If you check this box, provide your U.S. Taxpayer Identification Number (TIN):

b) If you do not have a TIN, have you applied for one?

☐ Yes

☐ No

c) If you have a Canadian social insurance number (SIN), or if you had one in the past, you are required to enter it:

☐ I do not have a Canadian SIN.

☐ **I am a tax resident of one or more countries other than Canada or the United States.**

a) If you check this box, provide your countries of tax residence and Taxpayer Identification Numbers (TIN).

Country of tax residence	TIN

b) If you do not have a TIN, explain why by checking one of the following boxes:

☐ I will apply or have applied for a TIN but have not yet received it.

☐ My country of tax residence does not issue TINs to its residents.

☐ Other reason (explain):

c) If you have a Canadian social insurance number (SIN), or if you had one in the past, you are required to enter it:

☐ I do not have a Canadian SIN.

Policyowner completing the declaration:

☐ **New policyowner 2** identified in **section A1**

☐ **I am a tax resident of Canada.**

☐ **I am a tax resident or a citizen of the United States.**

a) If you check this box, provide your U.S. Taxpayer Identification Number (TIN):

b) If you do not have a TIN, have you applied for one?

☐ Yes

☐ No

c) If you have a Canadian social insurance number (SIN), or if you had one in the past, you are required to enter it:

☐ I do not have a Canadian SIN.

☐ **I am a tax resident of one or more countries other than Canada or the United States.**

a) If you check this box, provide your countries of tax residence and Taxpayer Identification Numbers (TIN).

Country of tax residence	TIN

b) If you do not have a TIN, explain why by checking one of the following boxes:

☐ I will apply or have applied for a TIN but have not yet received it.

☐ My country of tax residence does not issue TINs to its residents.

☐ Other reason (explain):

c) If you have a Canadian social insurance number (SIN), or if you had one in the past, you are required to enter it:

☐ I do not have a Canadian SIN.

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A - Change of policyowner (cont.)

A9 - Mandatory questions if the contract includes life insurance

- Under the *Income Tax Act,* transferring ownership of an interest in a life insurance contract may lead to a taxable policy gain. If there is a gain, we will need to issue tax slip(s) to you.
- You will need to answer the questions below so we can determine whether a tax slip needs to be issued.

For more details about tax implications when changing the policyowner, speak with a tax specialist.

Instructions • If you and the new policyowner are **individuals,** complete **sections 1, 3 and 4.**
• If the new or the previous policyowner is a **corporation** (e.g., company, joint stock company), a partnership, a trust or another entity, **complete sections 2, 3 and 4.**

1- Transfer between individuals	**Yes**	**No**
a) Is the new policyowner your spouse[1]?	☐	☐
b) Is the new policyowner your ex-spouse[2]?	☐	☐
• Is the contract being transferred to your ex-spouse[2] in settlement of rights arising out of your marriage or common-law partnership?	☐	☐
c) Is the new policyowner your child[3]?	☐	☐
• Is the contract being transferred to a child[3] because the previous policyowner has died?	☐	☐
d) Is the new policyowner your father, mother, father-in-law, mother-in-law, grandfather, grandmother, brother, sister, brother-in-law or sister-in-law?	☐	☐
2- Transfer involving a corporation, a partnership, a trust or another entity	**Yes**	**No**
a) Is the contract being transferred because a corporation (current policyowner) has been wound-up[4] into another corporation that held its shares?	☐	☐
b) Is the contract being transferred because a corporation (current policyowner) has merged[5] with another corporation?	☐	☐
c) Is the contract being transferred by a trust (current policyowner) to one of its beneficiaries in settlement of their capital interest in the trust?[6]	☐	☐
d) Is this a non-arm's length transfer?[7]	☐	☐
3- Contract transferred as security	**Yes**	**No**
Is the policy being transferred to a creditor to secure a debt or a loan (other than a policy loan)?	☐	☐

4- Transfer resulting in consideration

If the current policyowner has received consideration[8] for the transfer of the contract, indicate the fair market value[9] of the consideration: $ _____

If no value is indicated, Desjardins Insurance will assume that the current policyowner is not receiving any consideration for the transfer of the contract.

Explanatory notes

1- For income tax purposes, "spouse" refers to married spouses and common-law partners. In accordance with the *Income Tax Act,* "common-law partner" is defined as someone who has cohabited with the individual in a conjugal relationship for a period of at least 12 months or someone cohabitating in a conjugal relationship with the individual and is the mother or father of the individual's child.

2- For income tax purposes, married spouses remain spouses until they are divorced and common-law partners remain spouses until they have been living separately and apart for a period of at least 90 days.

3- For income tax purposes, "child" refers to a child, a spouse's child, an adopted child, a grandchild, a great-grandchild or the spouse of a child.

4- Under section 88 of the *Income Tax Act*.

5- Under section 87 of the *Income Tax Act*.

6- Under subsection 107(2) of the *Income Tax Act*.

7- A non-arm's length relationship exists:

<u>For a corporation or a partnership</u>:

- when the current policyowner holds (directly or indirectly) more than 50% controlling interest in the entity that is acquiring the contract;
- when the new policyowner holds (directly or indirectly) more than 50% controlling interest in the entity that is assigning the contract;
- when the same person holds (directly or indirectly) more than 50% controlling interest in both entities.

<u>For a personal trust:</u>

- with its beneficiaries.

There may be non-arm's length relationships in other situations. If you are not sure whether the transfer is being made at arm's length or not, speak with a tax specialist.

8- Consideration includes the amount that the new policyowner paid or has agreed to pay to acquire the contract **or** the value of the assets that the new policyowner has transferred or has agreed to transfer to acquire the contract.

9- "Fair market value" refers to the price we can obtain, given general market conditions, during the sale of a property between prudent, informed, unrestricted parties acting at arm's length.

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B - Change of name

Please attach a copy of the documents supporting the name change to your request, if applicable (based on what you check in the sections below).

B1 - Change of name - Individual

I, the undersigned policyowner, ask that: _____ be replaced by _____ for the reason indicated in the table below.

Policyowner's date of birth: _____

Reason for name change

☐ Legal adoption ☐ Legal name change ☐ Error on application ☐ Other (specify): _____

B2 - Change of name – **Corporation** (e.g., company, joint stock company)
– **Trust**
– **Other entity** (e.g., partnership, association)

I, the undersigned who is authorized to sign on behalf of the policyowner, ask that _____ be replaced by _____ for the reason indicated in the table below.

Reason for name change

☐ Legal name change ☐ Error on application ☐ Other (specify): _____

C - Designation or change of beneficiary

Important information

1- A new beneficiary designation terminates any previous designation, but does not affect any existing contingent beneficiary designations.

2- a) If the designated beneficiary is deceased and there is no contingent beneficiary, the policyowner's estate becomes the beneficiary.
b) If the irrevocable beneficiary is deceased, attach an original death certificate.
c) The designation of "estate" applies to the policyowner's heirs and not those of the insured.

3- To revoke an irrevocable beneficiary already included in the contract, they must sign below **Irrevocable beneficiary to revoke** in **section F – Statements and signatures**.

For the province of Quebec: The designation of your spouse (married or civil union spouse) as beneficiary is automatically irrevocable, unless you stipulate otherwise. The designation of any other person as beneficiary is revocable, unless you stipulate otherwise.

For all other Canadian provinces and territories: The beneficiary designation is automatically revocable, unless you stipulate otherwise.

Revocable: means that the beneficiary designation can be changed without the beneficiary's written consent.

Irrevocable: means that the beneficiary designation cannot be changed without the beneficiary's written consent. The irrevocable designation of a minor cannot be changed until they reach the age of majority.

C1 - Death

⚠ For a contract with a "Critical illness - shared ownership" coverage, please complete **section C4 - Critical illness - shared ownership.**

Instructions: Please name the beneficiaries of all amounts payable in the event the insured dies.
E.g., life insurance benefit, premium refund, death benefit not included in a life insurance coverage

- The insured's beneficiary percentages must add up to 100%.

Insured's name **Beneficiaries for the insured**		%	Date of birth (yyyy/mm/dd)	**Relationship between the beneficiary and:** **- the policyowner,** for contracts issued in Quebec **- the insured,** for contracts issued in provinces or territories other than Quebec	Sex	Status
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable

Insured's name **Beneficiaries for the insured**		%	Date of birth (yyyy/mm/dd)	**Relationship between the beneficiary and:** **- the policyowner,** for contracts issued in Quebec **- the insured,** for contracts issued in provinces or territories other than Quebec	Sex	Status
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable

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C - Designation or change of beneficiary (cont.)

C2 - Designation or change of contingent beneficiaries

- If a beneficiary named in **section C1 - Death** dies before the insured, the contingent beneficiary named below will replace that beneficiary.

Insured's name **Beneficiaries for the insured**		%	Date of birth (yyyy/mm/dd)	**Relationship between the beneficiary and:** **- the policyowner,** for contracts issued in Quebec **- the insured,** for contracts issued in provinces or territories other than Quebec	Sex	Status
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable

Insured's name **Beneficiaries for the insured**		%	Date of birth (yyyy/mm/dd)	**Relationship between the beneficiary and:** **- the policyowner,** for contracts issued in Quebec **- the insured,** for contracts issued in provinces or territories other than Quebec	Sex	Status
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable

C3 - Critical illness

Instructions: Please name the beneficiaries of all amounts payable in the event the insured has a critical illness covered under a coverage of the contract.
E.g., amount of insurance or advance payable under a critical illness coverage

- The insured's beneficiary percentages must add up to 100%.

Insured's name **Beneficiaries for the insured**		%	Date of birth (yyyy/mm/dd)	**Relationship between the beneficiary and:** **- the policyowner,** for contracts issued in Quebec **- the insured,** for contracts issued in provinces or territories other than Quebec	Sex	Status
First name	Last name			☐ Married ☐ Self ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Self ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Self ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable

Insured's name **Beneficiaries for the insured**		%	Date of birth (yyyy/mm/dd)	**Relationship between the beneficiary and:** **- the policyowner,** for contracts issued in Quebec **- the insured,** for contracts issued in provinces or territories other than Quebec	Sex	Status
First name	Last name			☐ Married ☐ Self ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Self ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name	Last name			☐ Married ☐ Self ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable

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C - Designation or change of beneficiary (cont.)

C4 - Critical illness - shared ownership

Instructions: If the beneficiary of the **critical illness benefit** and **death benefit** is a corporation, you do not need to indicate the relationship between this beneficiary and the policyowner/insured. **However,** if this beneficiary is an individual, please indicate, under the beneficiary's name, the relationship between this beneficiary and the second policyowner (individual) if the contract was issued in Quebec. If the contract was issued outside Quebec, please indicate the relationship between this beneficiary and the insured.

- The insured's beneficiary percentages must add up to 100%.

Critical illness benefit

Beneficiary	%	Status	Beneficiary	%	Status
Name		☐ Revocable ☐ Irrevocable	Name		☐ Revocable ☐ Irrevocable

Death benefit

Beneficiary	%	Status	Beneficiary	%	Status
Name		☐ Revocable ☐ Irrevocable	Name		☐ Revocable ☐ Irrevocable

Health benefit

Beneficiaries	%	Date of birth (yyyy/mm/dd)	Relationship between the beneficiary and: - **the policyowner,** for contracts issued in Quebec - **the insured,** for contracts issued in provinces or territories other than Quebec	Sex	Status
First name Last name			☐ Married ☐ Self ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable
First name Last name			☐ Married ☐ Self ☐ Civil union spouse (Quebec only) ☐ Common-law spouse ☐ Other:	☐ F ☐ M	☐ Revocable ☐ Irrevocable

D - Designation of a trustee for a minor beneficiary (provinces or territories other than Quebec)

- To be completed for contracts issued outside Quebec only.
- If a minor beneficiary is named in **sections C1 - Death** and **C3 - Critical illness**, a trustee may be named for that beneficiary.

Minor beneficiaries	Trustee(s)	Trustee's date of birth (yyyy/mm/dd)	Sex	Relationship between the trustee and the beneficiary
First name Last name	First name Last name		☐ F ☐ M	
First name Last name	First name Last name		☐ F ☐ M	

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E - Consent related to the management of your personal information by Desjardins Group

ⓘ This consent applies to each **policyowner (Individual)** identified in section A1, A4 or A5.

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. 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 section F – Statements and signatures (page 12), you:

- Acknowledge that you've looked at Desjardins Group's Privacy Policy, which is available at 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

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F - Statements and signatures

- Declarations **1, 2** and **3** apply to a policyowner change. Declaration **4** applies to the revocation of an irrevocable beneficiary.

F1 - Declarations

1- **Declaration of the current policyowner(s):** I hereby revoke the current revocable beneficiary(ies) and waive all my rights, titles, privileges and obligations under the contract. I also request, if applicable, the cancellation of any waiver of premium benefits on my life and assign my contract in favour of the policyowner(s) designated in **section A1** (policyowner: individual) or **A3** (policyowner: corporation, trust or other entity).

2- **Declaration of new policyowner(s):** I hereby consent to becoming the policyowner of this contract with all the associated rights, titles, privileges and obligations.

3- **Declaration of policyowner(s) identified in section A1 or A3, A4 or A5:**

a) I declare that the information provided in the "Declaration of tax residence", if applicable, is accurate and complete and that, if there are any changes, I must provide Desjardins Insurance with a new declaration within 30 days;

b) I agree to provide Desjardins Insurance any business or trust number missing from **section A3** within 90 days (if applicable).

4- **Declaration of revoked beneficiary(ies):** I hereby consent to the revocation of my designation as irrevocable beneficiary of the contract.

5- **Declaration of each policyowner (Individual) identified in section A1, A4 or A5:** I give my consent regarding the content of **section E - Consent related to the management of your personal information by Desjardins Group** (page 11).

F2 - Signatures

- The signature(s) required according to the changes requested are indicated in the table below.

Change requested	Current policyowner(s)	New policyowner(s)	Irrevocable beneficiary to revoke
Change or addition of policyowner (including a change of beneficiary)	X	X	X
Designation or change of contingent policyowner	X		
Change of beneficiary only*	X		X
Any other change not carried out at the same time as a change or addition of policyowner	X		
Consent related to the management of your personal information by Desjardins Group	X	X	

*If the policyowner only changes beneficiaries, they do not waive their rights, titles, privileges and obligations under this contract.

Current policyowner(s)

- **Individual:**

Name of current policyowner (please print)	X Signature of current policyowner	Signed at (city, province or territory)	Date (yyyy/mm/dd)
Name of second current policyowner (please print)	X Signature of second current policyowner	Signed at (city, province or territory)	Date (yyyy/mm/dd)

- **Corporation, trust, other entity:**

Name of the person authorized to sign on behalf of the current policyowner (please print)	X Signature of the person authorized to sign on behalf of the current policyowner	Signed at (city, province or territory)	Date (yyyy/mm/dd)

New policyowner(s)

- **Individual:**

Name of new policyowner (please print)	X Signature of new policyowner	Signed at (city, province or territory)	Date (yyyy/mm/dd)
Name of second new policyowner (please print)	X Signature of second new policyowner	Signed at (city, province or territory)	Date (yyyy/mm/dd)

- **Corporation, trust, other entity:**

Name of the person authorized to sign on behalf of the new policyowner (please print)	X Signature of the person authorized to sign on behalf of the new policyowner	Signed at (city, province or territory)	Date (yyyy/mm/dd)

Irrevocable beneficiary to revoke

Name of irrevocable beneficiary to revoke (please print)	X Signature of irrevocable beneficiary to revoke	Signed at (city, province or territory)	Date (yyyy/mm/dd)
Name of irrevocable beneficiary to revoke (please print)	X Signature of irrevocable beneficiary to revoke	Signed at (city, province or territory)	Date (yyyy/mm/dd)

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G - Representative information and declaration

Compensation: ☐ Career ☐ Accelerated ☐ Not applicable

The representative declares that:

1- they have seen all the policyowners (including the persons authorized to sign on behalf of policyowners that are corporations, trusts or other entities) and that they have duly confirmed their identity;

2- 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 or non-monetary benefits, such as participation in conferences or other recognition activities;

3- they have disclosed in writing to the policyowner any conflict of interest relevant to this request for change of policyowner;

4- they have completed the **Identity Verification Supplementary Form (08295E)** and ensured that all the required documents have been attached to the form, if the policyowner is a corporation, trust or other entity and the contract includes life insurance coverage with cash surrender values or a savings component.

Representative's first name	Representative's last name	Representative code	Field office code
Email		Share %	Check if trainee ☐
Representative's first name	Representative's last name	Representative code	Field office code
Email		Share %	Check if trainee ☐

Is the representative the new policyowner?	☐ Yes ☐ No

X _____ _____ _____
Signature of representative | Signed at (city, province or territory) | Date (yyyy/mm/dd)

QUEBEC ONLY - If the representative is a trainee, please complete this section.

First name of supervisor	Last name of supervisor	Representative code	Field office code
Email			

X _____ _____ _____
Signature of supervisor (Quebec only) | Signed at (city, province or territory) | Date (yyyy/mm/dd)

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.