Desjardins Insurance
Life • Health • Retirement

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

Designation or Change of Beneficiary

Reset Print

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.

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.

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Representative Information

Financial center no. (internal use)	Representative no. (internal use)

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Contract number:

Identification of policyowner(s)

First name	Last name
First name	Last name

Name of the "Corporation, trust or other entity" policyowner

A - Designation or change of beneficiary

A1 - Death

⚠ For a contract with a "Critical illness - shared ownership" coverage, please complete **section A4 - 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 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 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

A2 - Designation or change of contingent beneficiaries

- If a beneficiary named in **section A1 - 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 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 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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A - Designation or change of beneficiary (cont.)

A3 - 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 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 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

A4 - 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 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

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B - Designation of a trustee for a minor beneficiary (provinces other than Quebec)

- To be completed for contracts issued outside Quebec only.
- If a minor beneficiary is named in sections **A1 - Death** and **A3 - 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	First name		☐ F ☐ M	
Last name	Last name			
First name	First name		☐ F ☐ M	
Last name	Last name			
First name	First name		☐ F ☐ M	
Last name	Last name			

C - 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.

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 D - Statements and signatures (page 5), 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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D - Statements and signatures

- **Declaration of policyowner(s):** I hereby revoke the current revocable beneficiary(ies) of the contract.
- **Declaration of each policyowner (Individual):** I give my consent regarding the content of **section C – Consent related to the management of your personal information by Desjardins Group** (page 4).

Signed at (city or town, province)

X _____ _____
Signature of policyowner (Individual) Date (yyyy/mm/dd)

X _____ _____
Signature of second policyowner (Individual) 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) | Date (yyyy/mm/dd)

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

Signed at (city or town, province)

X _____ _____ _____
Signature of irrevocable beneficiary | Name of irrevocable beneficiary (please print) | Date (yyyy/mm/dd)

X _____ _____ _____
Signature of irrevocable beneficiary | Name of irrevocable beneficiary (please print) | Date (yyyy/mm/dd)

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.