Desjardins Insurance
Life • Health • Retirement

200, rue des Commandeurs
Lévis (Québec) G6V 6R2
1-800-278-0669 – Life and Health Insurance
1-877-647-5435 – Individual Savings

Personal Information Update
(Contract owner – Individual)

Reset Print

- As the owner of the contract(s) identified below, you must complete this form and return it to Desjardins Insurance as soon as possible, **even if there have been no recent changes to your personal information.**
- In this form, **contract owner refers to the current owner of the contract.** For a change in contract owner, please complete the appropriate form.

Type of contract: ☐ Life and Health Insurance ☐ Individual Savings

Contract Nos.: _____ _____ _____ _____

Contract owner 1 – Identification

Last name	First name
Date of birth (yyyy/mm/dd)	Specific occupation (e.g., building engineer)

Contract owner 2 – Identification

Last name	First name
Date of birth (yyyy/mm/dd)	Specific occupation (e.g., building engineer)

Contract owner 1 – Address

Address (No., street, apt.)		City
Province/State	Postal code/Zip code	Country

10-digit phone number

Home: _____ Cell: _____ Work: _____, ext. _____

Contract owner 2 – Address (if different from contract owner 1's address)

Address (No., street, apt.)		City
Province/State	Postal code/Zip code	Country

10-digit phone number

Home: _____ Cell: _____ Work: _____, ext. _____

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

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

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 this form, 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

Declarations and signature of the contract owner(s)

- I declare that all the information provided on this form is true and complete.
- I give my consent regarding the content of section **"Consent related to the management of your personal information by Desjardins Group"** above.

Signed at (city or town, province)

X _____ Signature of contract owner 1 _____ Date (yyyy/mm/dd)

X _____ Signature of contract owner 2 _____ Date (yyyy/mm/dd)

Declaration and signature of the representative

Required only if the representative is completing the form on behalf of the contract owner(s)

The representative declares that all the information provided on this form is true and complete.

Signed at (city or town, province)

Name of representative or trainee (please print) _____ Representative code

X _____ Signature of representative or trainee _____ Date (yyyy/mm/dd)