Desjardins Insurance
Life • Health • Retirement

Third party determination

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ⓘ In this form, the term “third party” refers to an individual or entity that is not identified in the insurance application but instructs the policyowner to conduct a financial transaction or activity on their behalf.

Instructions for the representative

Please complete this form and attach it to the insurance application:

- If you believe the policyowner may have received instructions from a third party regarding their application for life insurance with cash surrender values or a savings component, or
- If you are able to identify the third party who instructed the policyowner.

Contract number:

1. Policyowner identification

Individual

First name	Last name
First name	Last name

Corporation, trust or other entity

Name

2. Third party identification

Instructions: Provide the information you have obtained on the third party, if any.

Third party – individual

First name	Last name

Date of birth (yyyy/mm/dd)	Specific occupation (e.g., building engineer)	Relationship between the policyowner and the third party

Address (No., street, apt.)

City	Province or territory / State	Postal code	Country

10-digit phone number	Email address
Home: _____ Cell.: _____ Work: _____ ext.: _____	

Third party – corporation, trust or other entity

Name	Type of business
Description of activities (e.g., property management, car dealership)	Relationship between the policyowner and the third party

Address (No., street, apt.)

City	Province or territory / State	Postal code	Country

Federal business / trust number	Provincial business / trust number (Quebec)	10-digit phone number

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3. Third party involvement

Has the policyowner indicated that they received instructions from a third party? ☐ Yes ☐ No

If **yes,** provide any information you have obtained about how the third party is involved.

If **no,** explain why you believe the policyowner may have received instructions from a third party.

Describe the steps you took to determine that a third party instructed the policyowner and the dates when you took them.

4. Representative identification and signature

First name	Last name	Representative code	Field office code

X _____
Signature of representative

_____
Signed at (city and province / territory)

_____
Date (yyyy-mm-dd)