

Contract number:
------------------

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

**Important information**

If the requested change also results in a change in payor, please provide new payment instructions by completing **section G - Pre-authorized debit agreement (PAD) - Payor's authorization**.

- 1- For a change or addition of a policyowner, a new beneficiary designation must be made, unless your contract includes a specific clause on this subject. Even if the beneficiaries are not changing, they must be designated again.
- 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 new policyowner wants to keep the same beneficiaries, they must designate the beneficiaries again in the appropriate part of **section C - Designation or change of beneficiary**.
- 5- If the previous policyowner had additional disability, death or job loss coverages, such coverages will be terminated when the policyowner is changed.
- 6- If you are requesting a policyowner change as a result of a divorce or separation judgment, please attach a copy of the judgment.

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**Representative information**

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

**Identification of current policyowner(s)**

Name of current policyowner(s)

**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 A3 - Declaration of tax residence**.

New policyowner 1		New policyowner 2	
First name		First name	
Last name		Last name	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (yyyy/mm/dd)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (yyyy/mm/dd)
Address (No., street, apt.)		Address (No., street, apt.)	
City		City	
Province	Postal code	Province	Postal code
Email		Email	
10-digit phone number		10-digit phone number	
Home: _____ Cell.: _____		Home: _____ Cell.: _____	
Work: _____, ext.: _____		Work: _____, ext.: _____	

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 <b>X</b>	Signature of the insured 2 <b>X</b>	Signature of the insured 1 <b>X</b>	Signature of the insured 2 <b>X</b>

\* 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.

<input type="checkbox"/> <b>Contingent policyowner named below</b>	<input type="checkbox"/> <b>Surviving policyowner</b> (applies only when there is more than one policyowner)	
First and last name of contingent policyowner		
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (yyyy/mm/dd)	Email
Address (No., street, apt.)		
City		10-digit phone number
Province		Postal code
Home: _____		Cell.: _____
Work: _____, ext.: _____		

**A - Change of policyowner (cont.)**

**A3 - Declaration of tax residence**

- The declaration of tax residence must be completed by **all policyowners** identified in the table in **section A1** when requesting a change or addition of policyowner for a life insurance contract with cash surrender values or a savings component. For more details, please consult documentation on [web](#).

New policyowner 1	New policyowner 2												
<p><b>Check all of the options that apply to you.</b></p>	<p><b>Check all of the options that apply to you.</b></p>												
<p><input type="checkbox"/> <b>I am a tax resident of Canada.</b> If you check this box, give your social insurance number: _____</p>	<p><input type="checkbox"/> <b>I am a tax resident of Canada.</b> If you check this box, give your social insurance number: _____</p>												
<p><input type="checkbox"/> <b>I am a tax resident or a citizen of the United States.</b> a) If you check this box, give your U.S. Taxpayer Identification Number (TIN): _____</p> <p>b) If you do not have a TIN, have you applied for one? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <b>I am a tax resident or a citizen of the United States.</b> a) If you check this box, give your U.S. Taxpayer Identification Number (TIN): _____</p> <p>b) If you do not have a TIN, have you applied for one? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p><input type="checkbox"/> <b>I am a tax resident of one or more countries other than Canada or the United States.</b> a) If you check this box, give your countries of tax residence and TINs</p> <table border="1" data-bbox="105 1150 797 1390"> <thead> <tr> <th>Country of tax residence</th> <th>TIN</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p>b) If you do not have a TIN, explain why by checking one of the following boxes: <input type="checkbox"/> I will apply or have applied for a TIN but have not yet received it. <input type="checkbox"/> My country of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other reason (explain below): _____</p>	Country of tax residence	TIN					<p><input type="checkbox"/> <b>I am a tax resident of one or more countries other than Canada or the United States.</b> a) If you check this box, give your countries of tax residence and TINs</p> <table border="1" data-bbox="847 1150 1539 1390"> <thead> <tr> <th>Country of tax residence</th> <th>TIN</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p>b) If you do not have a TIN, explain why by checking one of the following boxes: <input type="checkbox"/> I will apply or have applied for a TIN but have not yet received it. <input type="checkbox"/> My country of tax residence does not issue TINs to its residents. <input type="checkbox"/> Other reason (explain below): _____</p>	Country of tax residence	TIN				
Country of tax residence	TIN												
Country of tax residence	TIN												
<p><b>Important:</b> If any information is missing on the policyowner's declaration of tax residence, they must provide it to Desjardins Insurance within <b>90 days</b>.</p>	<p><b>Important:</b> If any information is missing on the policyowner's declaration of tax residence, they must provide it to Desjardins Insurance within <b>90 days</b>.</p>												



## A - Change of policyowner (cont.)

### A6 - 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**.

	Yes	No
<b>1- Transfer between individuals</b>		
a) Is the new policyowner your spouse <sup>1</sup> ?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is the new policyowner your ex-spouse <sup>2</sup> ?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the contract being transferred to your ex-spouse <sup>2</sup> in settlement of rights arising out of your marriage or common-law partnership?	<input type="checkbox"/>	<input type="checkbox"/>
c) Is the new policyowner your child <sup>3</sup> ?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the contract being transferred to a child <sup>3</sup> because the previous policyowner has died?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2- Transfer involving a corporation, a partnership, a trust or another entity</b>		
a) Is the contract being transferred because a corporation (current policyowner) has been wound-up <sup>4</sup> into another corporation that held its shares?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is the contract being transferred because a corporation (current policyowner) has merged <sup>5</sup> with another corporation?	<input type="checkbox"/>	<input type="checkbox"/>
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? <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>
d) Is this a non-arm's length transfer? <sup>7</sup>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3- Contract transferred as security</b>		
Is the policy being transferred to a creditor to secure a debt or a loan (other than a policy loan)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4- Transfer resulting in consideration</b>		

If the current policyowner has received consideration<sup>8</sup> for the transfer of the contract, indicate the fair market value<sup>9</sup> 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:
  - For a corporation or a partnership:
    - 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.
  - For a personal trust:
    - 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.

## B - Change of name

- Please attach 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

- A new beneficiary designation terminates any previous designation, but does not affect any existing contingent beneficiary designations.
- If the designated beneficiary is deceased and there is no contingent beneficiary, the policyowner's estate becomes the beneficiary.
  - If the irrevocable beneficiary is deceased, attach an original death certificate.
  - 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.

### 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		%	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					
<b>Beneficiaries for the insured</b>						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other: _____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other: _____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other: _____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Insured's name		%	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					
<b>Beneficiaries for the insured</b>						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other: _____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other: _____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other: _____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

## 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		%	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
Beneficiaries for the insured						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Insured's name		%	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
Beneficiaries for the insured						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> 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		%	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
Beneficiaries for the insured						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Insured's name		%	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
Beneficiaries for the insured						
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
First name	Last name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

**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		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Name		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

**Death benefit**

Beneficiary	%	Status	Beneficiary	%	Status
Name		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Name		<input type="checkbox"/> Revocable <input type="checkbox"/> 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			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Last name					
First name			<input type="checkbox"/> Married <input type="checkbox"/> Self <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Last name					

**D - 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 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	First name		<input type="checkbox"/> F <input type="checkbox"/> M	
Last name	Last name			
First name	First name		<input type="checkbox"/> F <input type="checkbox"/> M	
Last name	Last name			



## E - Statements and signatures

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

### E1 - Declarations

- 1. Declaration of the current policyowner(s):** I, the undersigned, 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 **A4** (policyowner: corporation, trust or other entity).
- 2. Declaration of new policyowner(s):** I, the undersigned, 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 A4:**  
I, the undersigned:
  - a) 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) agree to provide Desjardins Insurance with any information missing from my "Declaration of tax residence" within 90 days;
  - c) agree to provide Desjardins Insurance any business or trust number missing from **section A4** within 90 days (if applicable).
- 4. Declaration of revoked beneficiary(ies):** I, the undersigned, hereby consent to the revocation of my designation as irrevocable beneficiary of the contract.

### E2 - 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
<b>Change or addition of policyowner</b> (including a change of beneficiary)	<b>X</b>	<b>X</b>	<b>X</b>
<b>Change of beneficiary only*</b>	<b>X</b>		<b>X</b>
Any other change not carried out at the same time as a change or addition of policyowner	<b>X</b>		

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

### Current policyowner(s)

- **Individual:**

Date (yyyy/mm/dd)

**X** \_\_\_\_\_  
Signature of current policyowner

\_\_\_\_\_  
Name (please print) of current policyowner

**X** \_\_\_\_\_  
Signature of second current policyowner

\_\_\_\_\_  
Name (please print) of second current policyowner

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

**X** \_\_\_\_\_  
Signature of the person authorized to sign on behalf of the current policyowner

\_\_\_\_\_  
Name (please print) of the person authorized to sign on behalf of the current policyowner

### New policyowner(s)

- **Individual:**

Date (yyyy/mm/dd)

**X** \_\_\_\_\_  
Signature of new policyowner 1

\_\_\_\_\_  
Name (please print) of new policyowner 1

**X** \_\_\_\_\_  
Signature of new policyowner 2

\_\_\_\_\_  
Name (please print) of new policyowner 2

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

**X** \_\_\_\_\_  
Signature of the person authorized to sign on behalf of the new policyowner

\_\_\_\_\_  
Name (please print) of the person authorized to sign on behalf of the new policyowner

### Irrevocable beneficiary to revoke

Date (yyyy/mm/dd)

**X** \_\_\_\_\_  
Signature of irrevocable beneficiary to revoke

\_\_\_\_\_  
Name (please print) of irrevocable beneficiary to revoke

## F - Registration by Desjardins Insurance

Desjardins Insurance has registered this change, but assumes no responsibility for the validity or legality of the change.

Registered by: \_\_\_\_\_

Date (yyyy/mm/dd)



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.



Insurance

Life • Health • Retirement

G - Pre-authorized debit agreement (PAD) - Payor's authorization

Account holder name and account number

Form with fields for account holder name, address, phone number, and financial institution details.

Authorization of withdrawal

I authorize Desjardins Insurance and the financial institution where I have my account, or any other financial institution I may appoint, to debit the following amount(s) according to my instructions, at the frequency indicated:

Frequency options: Monthly, Semi-annual, Annual

Draw date\* (select between 1st and 28th): Loan repayment: \$ (if applicable)

\* For a universal life contract, the draw date will be the issue date of the contract.

Table with 2 columns: Contract number(s), Amount to be withdrawn. Includes a Total row for loan repayment.

Special instructions

Type of PAD Agreement: Personal/individual, Business

Waiver

I agree to waive any written notice before the first debit is made or when any change is made to the above debit.

Change or cancellation

I will advise Desjardins Insurance of any changes to this PAD Agreement at least 10 business days prior to the next withdrawal. I can cancel this Agreement at any time by sending a notice to Desjardins Insurance at least 10 business days prior to the next withdrawal. I may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement by consulting my financial institution or by visiting www.cdnpay.ca.

The cancellation of this PAD Agreement does not terminate the policyowner's obligations towards his contract(s).

Desjardins Insurance can cancel the PAD Agreement by sending a 30-day notice to the policyowner. The PAD Agreement can also be cancelled if the financial institution refuses the pre-authorized debits for any reason.

Authorization to collect and communicate personal information

I consent to the disclosure of the personal information in this PAD Agreement to Desjardins Insurance's financial institution and to the holder of the contract(s) paid through this PAD Agreement.

Signature(s)

I guarantee that all persons whose signatures are required for this account have signed this PAD Agreement.

Reimbursement

I have certain rights of recourse if a PAD does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit www.cdnpay.ca.

Signature of account holder(s)

Signature lines for account holder and second account holder with date fields.

IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription.

Financial Representative: \_\_\_\_\_

Financial Centre: \_\_\_\_\_



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.