

Complaint Form



Information to be provided

To file a complaint with Desjardins Financial Security's Dispute Resolution Officer please fill out this form **to the best of your knowledge** and mail it to:

**Dispute Resolution Officer
Desjardins Financial Security
200, rue des Commandeurs
Lévis, Québec G6V 6R2**

*You may include **copies** instead of the originals of your documents that you consider pertinent or necessary to the review of your complaint.*

Processing time

The Dispute Resolution Officer or his staff will send you an acknowledgement of receipt within five days of receiving your complaint.

The processing time for complaints varies from a few weeks to a few months, depending on the complexity of the file and the information we have to obtain.

While your file is under review, the Dispute Resolution Officer or his staff will contact you by phone. Therefore, please provide a telephone number where you can be reached in the appropriate section of the form provided.

Once the Officer has completed his examination of your complaint, he will send you his conclusions in writing.

Assistance

Should you require additional information or assistance to complete this form, please call the office of the Dispute Resolution Officer during our regular business hours (Eastern Standard Time) at the toll-free number: 1-877-838-8185.

Personal information concerning the person filing the complaint

Last name: _____ First name: _____
(Please print) (Please print)

Date of birth: ____ / ____ / ____
(day) (month) (year)

Address: _____
(number, street, apartment number) (city) (province) (postal code)

Telephone (home): _____ Telephone (work): _____ ext.: _____

Is it possible to reach you during the day? Yes No

Personal information concerning the person filing a complaint on behalf of someone else

- Desjardins Financial Security cannot release information concerning one of its clients without his/her authorization, even if this is a family member. To give us this authorization, our client can complete and send the appropriate *Authorization for the Collection and Release of Personal Information to Third Parties* that can be found in the "Problems and Complaints" section of our Website.
- If you are acting as the insured's agent/mandatary, guardian/tutor or estate executor/liquidator, you must provide us with a copy of the applicable power of attorney/mandate, will or notarized document identifying you as such.

Last name: _____ First name: _____
(Please print) (Please print)

Date of birth: ____ / ____ / ____
(day) (month) (year)

Address: _____
(number, street, apartment number) (city) (province) (postal code)

Telephone (home): _____ Telephone (work): _____ ext.: _____

Is it possible to reach you during the day? Yes No

Relationship with the insured: _____
(Spouse, parent, child, estate executor/liquidator, agent/mandatary, etc.)

Product-related information

Product name: _____

Account, policy or certificate number: _____

Name of company that issued this product: _____
(Desjardins Financial Security, Desjardins Life Assurance, Imperial Life, Laurier Life Insurance, La Sauvegarde, Laurentian Life Assurance, etc.)

Name of policyholder, if this is group insurance or retirement savings plan or a plan taken out by a group:

(Spouse, employer, labour union, association, etc.)

Name of the caisse or bank branch, if this is insurance sold in a Desjardins caisse or another financial institution:

Names of the representative and the company, where applicable, if this is an insurance or savings product sold by a representative: _____

