

# 50+ LIFE INSURANCE



Money working for people

## TWO QUICK AND EASY WAYS TO GET AFFORDABLE LIFE INSURANCE!

To enrol in 50+ Life Insurance, please complete and return the insurance application to us by mail at:

**Desjardins Financial Security**  
C. P. 3925, succ. Lévis  
Lévis (Québec) G6V 9Z9



## AN AFFORDABLE SOLUTION WITH MANY ADVANTAGES

or, call and speak to one of our specialists today at the following toll-free number:

**1-866-270-5257**

Monday to Friday from 8 a.m. to 9 p.m. and Saturdays from 8:30 a.m. to 4:30 p.m. EST (except holidays).

### **20-day money back guarantee**

As soon as you receive your 50+ Life Insurance contract, you will have a 20-day examination period to read through all its terms and conditions at your leisure, with no obligation on your part, while being insured. If you change your mind during this period, we will cancel your contract and refund your initial premium, that's guaranteed!

After you have purchased this coverage, you will receive your insurance contract, the distribution guide as well as contact information for our Assistance Services that can arrange for you to speak directly with a specialist.

For any questions regarding the nature and conditions of 50+ Life Insurance, kindly refer to the insurance contract which includes all the terms and conditions.

## 1 Identification of policyowner<sup>1</sup>

(Complete all sections and sign in the identified spaces.)

\_\_\_\_\_  
Last name and surname of policyowner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Postal code                      (     )     -  
Telephone number

## 2 Questionnaire

**A** Have you ever had a life, disability or health insurance application that you submitted to an insurer, including Desjardins Financial Security Life Assurance Company, declined, modified, or approved with an extra premium?  Yes  No

**B** Do any of the following situations currently apply to you? You are bedridden or confined to a wheelchair; you are hospitalized; you are staying in a convalescent home or long-term care facility; you require help, on a permanent basis, to carry out any of the following activities of daily living: eating, dressing, transferring, bathing or toileting.  Yes  No

**C** Does one of the following situations apply to you?  Yes  No

- In the past two years, you have received treatment or consulted a health care professional for the following conditions: heart attack, angina, stroke (apoplexy), transient ischemic attack, diabetic coma, malignant tumour or cancer (excluding follow-up exams).
- You are currently waiting for treatment or test results (excluding follow-up exams) for one of the conditions listed above.
- You have annual follow-up exams (or it has been recommended that you do so) for a malignant tumour or cancer treated less than five years ago.

**D** Do you suffer from Alzheimer's disease, kidney failure, pulmonary emphysema, cirrhosis of the liver or an HIV infection (AIDS virus), or have you ever been treated for any of these conditions?  Yes  No

- If you answered NO to these four questions, complete Sections 3 to 6.
- If you require more information about any of these questions, call us at 1-866-270-5257 to speak to one of our specialists.
- If you answered YES to any of these questions, you are not eligible for this insurance.

## 3 Insurance amount

Choose the insurance amount you want:

\$5,000    \$7,500    \$10,000    \$15,000    \$20,000

Date of birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Gender  F  M

Have you used or smoked tobacco in any form (cigarette, cigarillo, cigar, the pipe, marijuana, patch, nicotine gum or any medication to help stop smoking) during the last 12 months.

Yes  No  Smoker premium  Non smoker premium

Please refer to the premium calculator and indicate the amount of the monthly premium corresponding to your age.

## 4 Identification of beneficiary

\_\_\_\_\_  
Last name and surname of the person who receives the insurance amount when you die.

Revocable beneficiary    Irrevocable beneficiary\*

\*You cannot change an irrevocable beneficiary without his or her written consent.

## 5 Application, authorization and payment method

**YES**, I would like to apply for 50+ Life Insurance for the insurance amount selected in Section 3. If I am not entirely satisfied, I may cancel my contract without penalty within the first 20 days of my enrolment.

\_\_\_\_\_  
Name of financial institution

\_\_\_\_\_  
Transit number                      Account number

**Please attach a cheque marked "VOID" to your application.**

I declare that I wish to purchase 50+ Life Insurance for the amount of insurance checked off in Section 3. I understand that the insurance takes effect as of the date this application is signed provided that the premium is paid within 30 days of this date. If this insurance does not take effect within 30 days after this application is signed, a new insurance application must be completed. I understand that providing inaccurate or incomplete information or making a false statement may result in the cancellation of the insurance or the denial of a claim. I understand that this insurance application is an integral part of the 50+ Life Insurance contract. I understand that the coverage offered under 50+ Life Insurance includes restrictions and exclusions. I agree to review my contract and distribution guide when I receive them. I authorize the automatic monthly debit of the premium from my chequing account.

X \_\_\_\_\_  
Signature of policyowner

\_\_\_\_\_  
YY / MM / DD  
Date of signature

## 6 Personal information

**Authorization for the collection and disclosure of personal information.** I hereby authorize the financial institution, and any other corporation using its data system, to provide the insurer and its reinsurers, upon request, with everything they need to administer the insurance contract.

In the event of my death, I expressly authorize my beneficiary(ries), legal heir(s) or the liquidator(s) of my estate to provide Desjardins Financial Security or its reinsurers with any information or authorization deemed necessary to assess the claim and obtain supporting documents.

A photocopy of this authorization is as valid as the original.

X \_\_\_\_\_  
Signature of policyowner

<sup>1</sup> The policyowner (person who applies for coverage) is the same as the insured.