

Policy number

**Present contract holder**

Last name		First name	
Address – No., street, apt.		City	Province or territory
		Postal code	
10-digit phone number (home)	10-digit phone number (work)	Date of birth (YYYY-MM-DD)	

**New contract holder – Please sign the next page of this form**

Last name		First name	
Address – No., street, apt.		City	Province or territory
		Postal code	
10-digit phone number (home)	10-digit phone number (work)	Date of birth (YYYY-MM-DD)	

**Mode of payment – Premiums must be paid by the new contract holder**

**Direct debit – Please attach a void cheque**

Name of financial institution	Institution No. – Transit	Account number (folio)
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**Consent related to the management of your personal information by Desjardins Group**

This consent applies to the present contract holder and the new contract holder.

**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](http://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 a 1-800-463-7870.

**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](http://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

**Declaration of the present contract holder**

**If the change of contract holder is being requested due to the current contract holder's death, please enclose a copy of the death certificate.**

I, the undersigned, owner of the above mentioned policy, assign this policy, including all its policy rights and privileges to the new contract holder named below.



\_\_\_\_\_  
Signature of present contract holder

\_\_\_\_\_  
Date (YYYY-MM-DD)

**Declaration of the new contract holder**

I accept being assigned the above mentioned policy, and as the new contract holder, I authorize Desjardins Insurance to withdraw the premium required at the effective date of the contract and to withdraw subsequent premiums periodically, upon their due date, in order to maintain the policy in force.



\_\_\_\_\_  
Signature of new contract holder

\_\_\_\_\_  
Date (YYYY-MM-DD)

Return to: Accirance **by fax** at 1-866-301-7131 or  
**by mail** to 200, rue des Commandeurs, Lévis, Québec, G6V 6R2