Desjardins Insurance
Life • Health • Retirement

C. P. 3000
Lévis (Québec) G6V 9X8
desjardinslifeinsurance.com

REQUEST FOR FORMS

Policyholder's name: _____ Group No.: _____

Attention to: _____ Division No.: _____

Address: _____ Phone No.: _____

City and province: _____

Postal code: _____

Please handwrite supply requirements in this section or attach samples of forms required, indicating quantity beside form number and form name.

Form No.	Form Name or Function	Quantity	
		French	English

Please send the completed form to the address indicated above.

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

PRINT NEW REQUEST