

**Identification of policyholder – Please sign the next page of this form**

Last name		First name		Date of birth (YYYY-MM-DD)	Sex <input type="checkbox"/> F <input type="checkbox"/> M
Address – No., street, apt.			City	Province or territory	Postal code
10-digit phone number (home)		10-digit phone number (work)		Contract number	

**Designation or addition of new beneficiary(ies)**

- The beneficiary designation applies according to the clauses of the insurance contract.
- You can't designate yourself as the beneficiary of your own insurance contract.
- Desjardins Insurance assumes no liability as to the validity, legality or propriety of this change of beneficiary.

**For the province of Quebec**

Unless otherwise stipulated, the designation of a legal spouse or spouses joined in a civil union as beneficiary is **IRREVOCABLE**. Unless otherwise stipulated, the designation of any other person as beneficiary is **REVOCABLE**.

**For all other provinces**

The designation of beneficiary is **REVOCABLE** unless otherwise stipulated.

**Revocable:** means the designation of beneficiary can be changed without the beneficiary's consent.

**Irrevocable:** means the designation of beneficiary cannot be changed without the beneficiary's written consent. **The irrevocable designation of a minor cannot be changed until the child reaches the age of majority.**

The 3. Revocation of beneficiary(ies) section must be completed only if there was a prior designation of irrevocable beneficiary.

Please check:  I, the undersigned, designate the following person(s) as the new beneficiary(ies):  
 I, the undersigned, add the following person(s) to the list of current designated beneficiary(ies):

Please check	Last name and first name of beneficiary	% of policy distribution	Relationship to policyholder	Date of birth (YYYY-MM-DD)	Sex
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			<input type="checkbox"/> Married <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Joined in civil union (Quebec only) <input type="checkbox"/> Other:		<input type="checkbox"/> F <input type="checkbox"/> M
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			<input type="checkbox"/> Married <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Joined in civil union (Quebec only) <input type="checkbox"/> Other:		<input type="checkbox"/> F <input type="checkbox"/> M

**Revocation of beneficiary(ies) – Please complete only in the case of a designation of an irrevocable beneficiary**

- The consent of the revoked beneficiary is required if they were designated as irrevocable beneficiary.
- The new beneficiary cannot serve as a witness.
- The beneficiary is a minor and cannot give valid consent to a change.
- If the revoked beneficiary is deceased, please attach a death certificate.

I, the undersigned (policyholder), revoke the designation of:

as current beneficiary(ies) and designate the beneficiary(ies) named in section 2, in accordance with the provisions of the contract.

I, the undersigned, consent to the revocation of my designation as irrevocable beneficiary.

\_\_\_\_\_  
Signature of revoked beneficiary

\_\_\_\_\_  
Signature of revoked beneficiary's witness

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

\_\_\_\_\_  
Signature of revoked beneficiary

\_\_\_\_\_  
Signature of revoked beneficiary's witness

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

## Consent related to the management of your personal information by Desjardins Group

This consent applies only to the policyholder.

### 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

## Signature of policyholder



X

\_\_\_\_\_  
Signature of policyholder

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

Return the original copy of this form to Desjardins Insurance **by fax** at 1-866-301-7131 or **by mail** to 200, rue des Commandeurs, Lévis, Québec, G6V 6R2 – Keep a copy for your records.