

 **IMPORTANT**

- This form must be filled out by the designated beneficiary or, in the absence of a beneficiary, the executor.
- If the beneficiary is incapacitated or a minor, this form must be filled out by their guardian or representative.
- If there is more than one beneficiary, each must fill out a form.
- Death certificate must be attached to the completed form.
- You can send us copies of the documents for your claim. If we need the originals, we'll let you know.
- For deaths that occurred outside Canada or the United States, the originals are required.
- We won't send the originals back to you unless you ask us to in writing.

For internal use

Last name of first insured		First name of first insured	
FC No.		FSA No.	
Policy No.	Effective date	Sum insured \$	

Please indicate your instructions by selecting one of the following 2 options:

- Send cheque to advisor for delivery
- Send cheque directly to beneficiary(ies)

i We cannot settle this claim unless all questions are answered adequately.

A. Information about the deceased

Last name		First name		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address – No., street, apt.		City	Province	Postal code
Date of birth (YYYY-MM-DD)	Place of birth	Occupation		

Civil status of the deceased:

- Single
 Married
 Joined in civil union
 Common-law spouse
 Widowed
 Separated - if applicable, with judgment or agreement on (YYYY-MM-DD) _____
 Divorced on (YYYY-MM-DD) _____

Name of surviving spouse: _____

Surviving children: How many: _____ Age(s): _____

Surviving parent(s): Father Mother Age(s): _____

Surviving brother(s) and sister(s): How many: _____ Age(s): _____

Please answer the questions below and enter the date on which the document was produced (if applicable). Did the deceased have:

a will*?

- Yes No

Date (YYYY-MM-DD)

a marriage contract?

- Yes No

Date (YYYY-MM-DD)

an act of civil union?

- Yes No

Date (YYYY-MM-DD)

a declaration of heredity*?

- Yes No

Date (YYYY-MM-DD)

* See definition on page 4

1. Date of death (YYYY-MM-DD)	2. Place of death	3. Immediate cause of death
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4. a) When did the deceased begin to show signs of ill health?

b) When did the last illness of the deceased begin?

c) When was a physician consulted, for the first time, as to the last illness of the deceased?

5. When did the deceased go to work, for the last time, at his usual occupation

6. Name and address of all physicians who treated the deceased during the last two years

7. a) Did the deceased ever smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) When did the deceased start to smoke? (YYYY-MM-DD)	c) When did the deceased stop smoking? (YYYY-MM-DD)	d) Specify non-smoking periods
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8. Did the deceased hold other life insurance contracts
 Yes No If yes, please provide the following:

a) with other companies

Name of life insurance companies	Date of policies	Policy numbers	Sums insured
			\$
			\$
			\$

b) with Desjardins Insurance:

- Loan insurance with a caisse or credit union: Yes No

If yes, name of the institution: _____

Transit No.: _____ Account No.: _____

- Accirance, Personal Accident Insurance: Yes No

- Group insurance with employer: Yes No

If yes, name of employer: _____

Name of insurance company: _____ Contract No.: _____

- Other: Yes No

If yes, please specify: _____

B. Information about the claimant

Last name (or business name)	First name	Date of birth (YYYY-MM-DD)	10-digit telephone Nos. Home
Address – No., street, apt.	City	Province	Postal code Work
Occupation (or nature of business if an entity)			
Social insurance No. (Required so that any taxable interest paid to the beneficiary can be reported)			Email address

In what capacity are you requesting payment of the death benefit?

- Designated beneficiary Executor of the estate / Liquidator of the succession

- Spouse Trustee or guardian for the minor child

Administrator of the business – Please specify the administrator's name: _____

Other, please specify: _____

What is your relationship to the deceased?

- Current spouse Separated spouse

- Child Parent

Other (friend, business partner, etc.) – please specify: _____

Which settlement option do you wish?

- Lump-sum settlement Transfer in an annuity contract - policy number, if applicable _____


C. Information about the executor of the estate

Last name	First name			
Address – No., street, apt.	City	Province	Postal code	10-digit telephone No.
Email address				

The executor of the estate / liquidator of the succession is also the claimant.

I do not know the the executor of the estate / liquidator of the succession.

Consent related to the management of your personal information by Desjardins Insurance

 Since this claim relates to a deceased person, the personal information required for this consent is that of the deceased person and not the claimant.

1. Why Desjardins Insurance needs your consent

Your consent allows us to collect, use and disclose the personal information we require to:

1. Analyze your insurance applications
2. Manage your file while you're covered under the insurance
3. Process claims

Your consent also allows us to do the following, as required:

- Look at information in any old insurance file you may have with Desjardins Insurance
- Ask a personal information broker to provide us with an investigation report about you, if necessary
- Send a summary of your personal information, including health-related information, to MIB, LLC (see text box below), after analyzing an insurance application you've submitted

MIB, LLC is an organization that operates a database allowing insurance companies in Canada and the United States to collect and disclose information about their clients.

- Send your doctor any medical information that we obtained about you when analyzing your insurance applications or claims, so they can share it with you
- Provide insurers and reinsurers with any relevant information (medical test results, etc.), so they can assess an insurance application you've submitted

By giving your consent to us, you also authorize our reinsurers to collect, use and disclose your personal information the same way we would. Our reinsurers are companies that insure us, Desjardins Insurance.

2. Who your personal information will be collected from or disclosed to

You give your consent for the collection and disclosure of the necessary information with you, but also with other people and organizations. These people and organizations include:

- MIB, LLC
- Healthcare professionals or establishments (doctors, hospitals, clinics, etc.)
- Healthcare providers
- Paramedical firms
- Public or parapublic organizations
- Insurance companies other than Desjardins Insurance
- Reinsurers
- Your employer or a former employer
- The policyowner (also called policyholder or contract holder), if you aren't that person
- Other Desjardins components, if they're involved in the insurance
- A personal information broker or an investigation firm

By signing this form, you:

- Authorize Desjardins Insurance and its reinsurers to collect, use and disclose your personal information based on the conditions outlined in this section, the applicable regulations and Desjardins Group's Privacy Policy. You can consult the policy at www.desjardins.com/privacy-policy

E. Déclarations

By signing this form:

- I request payment of the policy proceeds and I agree that all written statements of any physician who has examined or treated the deceased, as well as any other supporting document, are an integral part of this claim.
- I certify that all the answers given above are complete and true.

F. Signatures

X _____
Signature of the beneficiary or the executor of the estate /
liquidator of the succession

Date (YYYY-MM-DD)

X _____
Signature of claimant

Date (YYYY-MM-DD)

X _____
Signature of witness

Date (YYYY-MM-DD)

Definitions

Declaration of heredity (Quebec only)

In the absence of a will, this document is prepared by a notary and identifies the deceased and lists their marital status, matrimonial regime (if applicable) and heirs. It can also serve the secondary purpose of designating a liquidator. It is used by institutions such as banks, Desjardins caisses and insurance companies, as well as government authorities.

Liquidator / Legal personal representative

Person designated by the testator, by the court or, in certain provinces, by the heirs to liquidate a succession.

Will

A revocable act in which a person (called a testator) determines how his or her property will be distributed upon death. Wills must meet the requirements for one of the will types recognized by law, i.e., holograph, in the presence of witnesses or notarial (Quebec only).

Will made in the presence of witnesses

A will:

- written by the testator or a third party; and
- dated and signed by the testator or a third party, depending on the province, before 2 or more witnesses.

It must be probated upon the testator's death.

Notarial will (Quebec only)

A will drawn up by a notary and signed by the testator, the notary and a witness. It does not need to be probated.

Holograph will

An entirely handwritten will dated and signed by hand by the testator. No witness is necessary. This type of will must be probated upon the testator's death.

Testator

Person who has made a will.