

Financial centre number	Advisor's number	Contract number
Name of primary insured		Insured's date of birth (yyyy/mm/dd)

**Annual personal income (last 2 years) according to tax returns**

1. Income		
Income	Year: _____	Year: _____
Salary	\$ _____	\$ _____
Business profits reported as personal income	\$ _____	\$ _____
Bonuses	\$ _____	\$ _____
Commissions	\$ _____	\$ _____
Pension plan / Dividends	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____

**Calculation of net personal income**

2. Assets		3. Liabilities	
Savings	\$ _____	Mortgages	\$ _____
Property		Loans	\$ _____
Residence	\$ _____	Other (please specify)	
Other	\$ _____		
Company assets	\$ _____		\$ _____
% company shares	_____ %		\$ _____
Investments	\$ _____		\$ _____
Other (please specify)	\$ _____		\$ _____
<b>Total assets</b>	<b>\$ _____</b>	<b>Total liabilities</b>	<b>\$ _____</b>
		<b>Net worth</b>	<b>\$ _____</b>

4. Have you submitted an insurance application to another company (other companies)?  
 Yes (please specify)    No

Name of the company or companies	Requested amount		Purpose	
	Life	Critical illness	Personal	Business
	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

5. Will you take out all the coverage for which you are approved?  
 Yes    No   If **no**, what amount will you take out? \$ \_\_\_\_\_

I confirm that the statements above are complete and true, and that they are an integral part of the insurance application I submitted to Desjardins Financial Security Life Assurance Company.

\_\_\_\_\_   X \_\_\_\_\_  
 Date (yyyy/mm/dd)   Signature of the person to be insured