

Temporary insurance agreement in case of death

Application number: _____

Under this Temporary insurance agreement in case of death, the coverage providing for the payment of a benefit upon the death of the proposed insured takes effect on the date the insurance application is signed, subject to the following conditions:

- 1- the proposed insured is between 31 days and age 65, inclusively, on the date the application is signed;
- 2- the proposed insured answered **no** to all of the eligibility questions related to this Temporary insurance agreement in the application;
- 3- **Initial premium payment:** on signing the application, the policyowner must pay at least one monthly premium or 1/20 of the premium for a single-premium policy, depending on the coverages applied for in this application. However, the policyowner is not required to pay any amount exceeding one monthly premium for coverage of \$1,000,000. Desjardins Insurance sets a \$1,000,000 limit under the Temporary insurance agreement in case of death, which cannot be invalidated even if the initial premium paid is higher than the minimum required. If payment of the initial premium is not honoured, this Temporary insurance agreement in case of death will be deemed to have never taken effect;
- 4- **Maximum death benefit:** the total death benefit available under all Temporary insurance agreements in case of death issued by Desjardins Insurance for the same person is the amount of insurance applied for on that insured person or a maximum of \$1,000,000, whichever is less. If applicable, this death benefit will be reduced by any advance payment made to the policyowner subsequent to a critical illness claim;
- 5- **Policy internal replacement:** if the proposed insured dies before the new policy becomes effective, Desjardins Insurance agrees to pay the beneficiary the higher of the amount payable under the replaced policy or the amount payable under this Temporary insurance agreement in case of death.

If the conditions on both sides of this page apply, detach this section and give it to the policyowner. Otherwise, leave this section attached to the addendum.

Temporary insurance agreement in case of critical illness

Application number: _____

Under this Temporary insurance agreement in case of critical illness, the coverage providing for a critical illness benefit on the proposed insured's life takes effect on the date the insurance application is signed, subject to the following conditions:

- 1- the proposed insured is between 31 days and age 65, inclusively, on the date the application is signed;
- 2- the proposed insured answered **no** to all of the eligibility questions related to this Temporary insurance agreement in the application;
- 3- **Initial premium payment:** on signing the application, the policyowner must pay at least one monthly premium or 1/20 of the premium for a single-premium policy, depending on the coverages applied for in this application. However, the policyowner is not required to pay any amount exceeding one monthly premium for coverage of \$500,000. Desjardins Insurance sets a \$500,000 limit under the Temporary insurance agreement in case of critical illness, which cannot be invalidated even if the initial premium paid is higher than the minimum required. If payment of the initial premium is not honoured, this Temporary insurance agreement in case of critical illness will be deemed to have never taken effect;
- 4- **Maximum critical illness benefit:** the total critical illness benefit available under all Temporary insurance agreements in case of critical illness issued by Desjardins Insurance for the same person is the amount of insurance applied for on that insured person or a maximum of \$500,000, whichever is less.

LIST OF COVERED CONDITIONS: this Temporary insurance agreement in case of critical illness protects the proposed insured for the following covered conditions, if the diagnosis is made after the date the application is signed:

Blindness

Definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by the corrected visual acuity being 20/200 or less in both eyes, or the field of vision being less than 20 degrees in both eyes.

Coma

Definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less. **Exclusion:** no benefit will be payable under this condition for a medically induced coma, a coma which results directly from alcohol or drug use, or a diagnosis of brain death.

Deafness

Definite diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz.

Heart attack

Definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following: heart attack symptoms, new electrocardiogram (ECG) changes consistent with a heart attack, development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. **Exclusions:** no benefit will be payable under the definition of "heart attack" for: elevated biochemical cardiac markers as the result of an intra-arterial cardiac procedure, including but not limited to a coronary angiography and coronary angioplasty in the absence of new Q waves; ECG changes suggesting a prior myocardial infarction that does not meet the definition of "heart attack" as described above. Also, no benefit will be payable if the insured person dies within 30 days of a heart attack diagnosis.

Loss of limbs

Definite diagnosis of the complete severance of 2 or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.

If the conditions on both sides of this page apply, detach this section and give it to the policyowner. Otherwise, leave this section attached to the addendum.

Conditional insurance agreement in case of disability

Application number: _____

Under this Conditional insurance agreement in case of disability, the SOLO Disability coverage submitted for the proposed insured takes effect on the effective date subject to the following conditions:

- 1- the proposed insured is between age of 18 and 60, inclusively, on the date the application is signed;
- 2- the proposed insured answered **no** to all of the eligibility questions related to this Conditional insurance agreement in the application;
- 3- **Initial premium payment:** on signing the application, the policyowner must pay at least one monthly premium or 1/20 of the premium for a single-premium policy, depending on the coverages applied for in this application. However, the policyowner is not required to pay any amount exceeding one monthly premium for a monthly disability benefit of \$5,000. Desjardins Insurance sets a limit of \$5,000 for the monthly disability benefit under the Conditional insurance agreement in case of disability, which cannot be invalidated even if the initial premium paid is higher than the minimum required. If payment of the initial premium is not honoured, this Conditional insurance agreement in case of disability will be deemed to have never taken effect;
- 4- **Maximum benefit payable in case of disability:** this Conditional insurance agreement in case of disability provides for the same benefit payable as the SOLO Disability coverage applied for, with the same amount of monthly disability benefit (maximum of \$5,000 for all Conditional insurance agreements in case of disability issued by Desjardins Insurance for the same person), the same waiting period and benefit period, **with the condition that**, according to Desjardins Insurance's directives and underwriting procedures, the proposed insured be entitled to this coverage without any substandard premium, exclusion, limitation, reduction or other modifications. If such changes are necessary to issue the requested contract, the benefit payable under this Conditional insurance agreement in case of disability will be limited to the modified SOLO Disability coverage offered to the proposed insured on the effective date of this agreement.

Definitions:

The **effective date** for this Conditional insurance agreement in case of disability is the later of the following dates:

- 1- the date the application is signed;
- 2- the date on which the requested paramedical, medical exams and any other tests have been completed, according to Desjardins Insurance's underwriting procedures.

The definition for "**disability**" is the one stated in the contract of the SOLO Disability coverage applied for in this application.

If the conditions on both sides of this page apply, detach this section and give it to the policyowner. Otherwise, leave this section attached to the addendum.

Temporary insurance agreement in case of death (cont.)

Exclusions: no benefit will be payable in the event of the insured person's death under this Temporary insurance agreement if:

- 1- the application is a group life insurance conversion;
- 2- the proposed insured commits suicide, whether sane or insane. Desjardins Insurance's liability is then limited to the refund of the initial premium;
- 3- the claim is for additional benefits provided for under an Accidental Death, Dismemberment or Loss of use coverage.

Statements: any statements made by the policyowner or the proposed insureds in this application for life insurance may be contested with respect to this Temporary insurance agreement in case of death.

Termination of coverage: coverage under this Temporary insurance agreement in case of death terminates on the earlier of the following dates:

- 1- the effective date of the policy applied for;
- 2- the issue date of a policy that differs from the policy applied for, such policy being made as a counter-offer by Desjardins Insurance to the policyowner;
- 3- the date on which Desjardins Insurance sends the policyowner a letter advising that coverage under this Temporary insurance agreement in case of death has terminated or that this application for life insurance has been rejected;
- 4- the 91st day following the date the application is signed.

No representative of Desjardins Insurance is authorized to amend this Temporary insurance agreement in case of death.

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

Temporary insurance agreement in case of critical illness (cont.)

Loss of speech

Definite diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days. **Exclusion:** no benefit will be payable under this condition for all psychiatric related causes.

Paralysis

Definite diagnosis of the total loss of muscle function of 2 or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.

Severe burns

Definite diagnosis of third-degree burns over at least 20% of the body surface.

Stroke (cerebrovascular accident)

Definite diagnosis of an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage, or embolism from an extracranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. **Exclusion:** no benefit will be payable under this condition for transient ischaemic attacks, intracerebral vascular events due to trauma, or lacunar infarcts which do not meet the definition of "stroke" as described above.

Exclusions: no benefit will be payable if:

- 1- the insured person suffers from any condition covered under this Temporary insurance agreement that results, directly or indirectly, from: self-inflicted injuries or a suicide attempt, whether the insured person is sane or insane; the insured person's participation in any criminal act or related act; war (whether war is declared or undeclared), riot or revolution, whether or not the insured person took part; the insured person driving a motor vehicle while under the influence of drugs or with a blood alcohol level equal to or greater than 80 mg of alcohol per 100 ml of blood; the illegal or illicit use of any drug; the voluntary absorption or use of any toxic substance or any type of gas; the voluntary consumption of prescription drugs that exceeds the dosage recommended by a healthcare professional or of drugs obtained without a prescription that exceeds the manufacturer's recommended dosage;
- 2- the condition covered under this Temporary insurance agreement is diagnosed after the insured person's death.

Statements: any statements made by the policyowner or the proposed insureds in this application for critical illness insurance may be contested with respect to this Temporary insurance agreement in case of critical illness.

Termination of coverage: coverage under this Temporary insurance agreement in case of critical illness terminates on the earlier of the following dates:

- 1- the effective date of the policy applied for;
- 2- the issue date of a policy that differs from the policy applied for, such policy being made as a counter-offer by Desjardins Insurance to the policyowner;
- 3- the date on which Desjardins Insurance sends the policyowner a letter advising that coverage under this Temporary insurance agreement in case of critical illness has terminated or that this application for critical illness insurance has been rejected;
- 4- the 91st day following the date the application is signed.

No representative of Desjardins Insurance is authorized to amend this Temporary insurance agreement in case of critical illness.

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

Conditional insurance agreement in case of disability (cont.)

Exclusions and limitations:

- 1- No benefit is payable under this Conditional insurance agreement in case of disability if there are important facts not being declared or if there is a fraudulent declaration in the application and/or within the requested medical exam, if applicable.
- 2- This Conditional insurance agreement in case of disability also considers all conditions, exclusions and limitations described in the SOLO Disability coverage submitted for the proposed insured.

Declarations: any statements made by the policyowner or the proposed insured in this application for disability insurance may be contested with respect to this Conditional insurance agreement in case of disability.

Termination of coverage: coverage under this Conditional insurance agreement in case of disability terminates on the earlier of the following dates:

- 1- the effective date of the policy applied for;
- 2- the issue date of a policy that differs from the policy applied for, such policy being made as a counter-offer by Desjardins Insurance to the policyowner;
- 3- the date on which Desjardins Insurance sends the policyowner a letter advising that coverage under this Conditional insurance agreement in case of disability has terminated or that this application for disability insurance has been rejected;
- 4- the 91st day following the date the application is signed.

No representative of Desjardins Insurance is authorized to amend this Conditional insurance agreement in case of disability.

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Immediate Confirmation of Contract for the approved insurance illustration(s)

This **Immediate Confirmation of Contract** does not apply to an insurance illustration for which the payment method selected is **On delivery / COD**.

What's an insurance illustration ?

The **insurance illustration** is a document that is shown to the policyowner at the time of sale and that outlines the values and features of each coverage applied for.

When an **insurance illustration is approved**, it means that Desjardins Insurance has agreed to cover the insured person(s) for all the coverages included in that illustration.

The electronic insurance application may contain one or more insurance illustrations.

What's this Immediate Confirmation of Contract for ?

If at least one insurance illustration has been approved for a given electronic insurance application, the policyowner will receive an **Immediate Confirmation of Contract**.

This document confirms that all the coverages included in the approved illustration(s) will take effect on the date the Statements and authorizations page of the electronic insurance application is signed, if all the conditions in the **Conditions for issuing a contract** section below are met.



The **Immediate Confirmation of Contract** does not apply to unapproved illustrations. Further review of the coverages included in these illustrations will need to be done by Desjardins Insurance in order to issue a contract, if applicable.

Conditions for issuing a contract

Desjardins Insurance issues a contract for each approved insurance illustration.

The contract will take effect on the date the Statements and authorizations page of the electronic insurance application is signed, if all the following conditions are met:

- 1- The electronic insurance application, the electronic Insurability Report and the Statements and authorizations page of the electronic insurance application must be duly completed and signed.
- 2- The premium indicated in the approved illustration must be honoured when first presented to the financial institution designated in the electronic insurance application.
- 3- Once the signature process of the electronic insurance application is complete, the **Point-of-sale decision** window must indicate that the illustration has been approved.
- 4- All the statements made by the policyowner or the proposed insureds in the electronic insurance application, the electronic Insurability Report and the Statements and authorizations page of the electronic insurance application must be accurate, as the contract is issued based on them. Any error or omission in these statements may result in the cancellation of the contract.

If any of the above conditions is not satisfied, this Immediate Confirmation of Contract will become null and void.

Documents making up the contract

- This Immediate Confirmation of Contract
- The electronic insurance application
- The electronic Insurability Report
- The Statements and authorizations page of the electronic insurance application
- The coverage texts and general provisions, including any limitations and exclusions set out in them
- The Policy Schedule and any related tables and riders

Desjardins Insurance will send the documents making up the contract to the policyowner as soon as possible.

No representative of Desjardins Insurance is authorized to change this Immediate Confirmation of Contract.



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.



Notice applicable to MIB, LLC – Give to proposed insured

Who is MIB, LLC?

MIB, LLC (“MIB”) operates an information exchange on behalf of insurance companies that are members of MIB Group Inc. and with operations in Canada and the United States. The organization operates a database of consumer reports, which are comprised of information contributed by member insurance companies.

What information do we exchange, and why?

Like almost every Canadian insurer that offers life and health insurance, Desjardins Insurance is a member of MIB and can exchange information about you with the organization.

MIB makes it possible to verify the accuracy and completeness of the information provided by clients of member insurance companies.

We only exchange information on factors that could have a serious effect on your health or life expectancy. These factors include:

- Serious medical conditions
- A dangerous hobby
- A poor driving record
- Alcohol or drug use
- A criminal record

The information we contribute to MIB then becomes available to other MIB member insurance companies. MIB generally keeps this information on file for 7 years.

When do we exchange this information?

When we receive:

- An insurance application about you
- A claim

Also, if another member company receives an insurance application about you within 2 years following our receipt of this insurance application, we may share information with MIB for the benefit of that member company.

Your personal information is protected

MIB is bound by the same personal information confidentiality requirements as other Canadian insurers and must respect all federal and provincial privacy laws.

Since MIB is based in the United States, your information could be transferred outside Canada. Note that MIB must also comply with US privacy laws.

To learn more, review MIB’s Consumer Privacy Policy at www.mib.com/privacy_policy.html.

You have the right to access your personal information and correct any inaccuracies, if necessary

To do so, contact MIB directly in one of the following ways:

- By email canadadisclosure@mib.com
- By phone 1-866-692-6901
- By mail MIB, LLC
50 Braintree Hill Park, Suite 400
Braintree MA 02184-8734 USA
- Website www.mib.com



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You have the right to access your personal information and correct any inaccuracies, if necessary

To do so, contact MIB directly in one of the following ways:


- By email canadadisclosure@mib.com
- By phone 1-866-692-6901
- By mail MIB, LLC
50 Braintree Hill Park, Suite 400
Braintree MA 02184-8734 USA
- Website www.mib.com



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.



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

-  This consent applies to:
- each **policyowner (Individual)**
 - each **proposed insured**

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.

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 at 1-800-278-0669.

By signing this section, you:

- Acknowledge that you've looked at Desjardins Group's Privacy Policy, which is available at 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



Please sign the next page



Consent related to the management of your personal information by Desjardins Group (cont.)

Policyowners

X

 First and last names of policyowner (Individual) Signature Signed at (city or town, province) Date (yyyy/mm/dd)

X

 First and last names of policyowner (Individual) Signature Signed at (city or town, province) Date (yyyy/mm/dd)

Proposed insureds age 14 or older (Quebec) or 16 or older (provinces other than Quebec)

X

 First and last names of proposed insured Signature Signed at (city or town, province) Date (yyyy/mm/dd)

X

 First and last names of proposed insured Signature Signed at (city or town, province) Date (yyyy/mm/dd)

X

 First and last names of proposed insured Signature Signed at (city or town, province) Date (yyyy/mm/dd)

X

 First and last names of proposed insured Signature Signed at (city or town, province) Date (yyyy/mm/dd)

If the proposed insured is **under age 14** (Quebec) or **under age 16** (provinces other than Quebec), the signature of a parent, guardian or legal representative is required.

Person signing: Parent (father or mother) Guardian (Quebec) Legal representative (provinces other than Quebec)

X

 First and last names of proposed insured First and last names of the person signing for the proposed insured Signature Signed at (city or town, province) Date (yyyy/mm/dd)


Person signing: Parent (father or mother) Guardian (Quebec) Legal representative (provinces other than Quebec)

X

 First and last names of proposed insured First and last names of the person signing for the proposed insured Signature Signed at (city or town, province) Date (yyyy/mm/dd)



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

 This consent applies to each **proposed insured**.

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.
- Use the personal information in your application to assess your insurability. The assessment may be automated to speed up processing. Your personal information may be analyzed to develop or improve statistical models. No insurance can be denied based on the automated assessment alone.

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, if you aren't that person
- Other Desjardins components, if they're involved in the insurance
- A personal information broker or an investigation firm

3. If the application concerns your children

You authorize us to collect, use and disclose the necessary information about them, if they're under age 14 (Quebec) or under age 16 (all other provinces and territories).

By signing the next page, 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.



Please sign the next page



Consent related to the management of your personal information by Desjardins Insurance (cont.)

Proposed insureds age **14 or older** (Quebec) or **16 or older** (provinces other than Quebec)

First and last names of proposed insured **X** _____
Signature Signed at (city or town, province) Date (yyyy/mm/dd)

First and last names of proposed insured **X** _____
Signature Signed at (city or town, province) Date (yyyy/mm/dd)

First and last names of proposed insured **X** _____
Signature Signed at (city or town, province) Date (yyyy/mm/dd)

First and last names of proposed insured **X** _____
Signature Signed at (city or town, province) Date (yyyy/mm/dd)

If the proposed insured is **under age 14** (Quebec) or **under age 16** (provinces other than Quebec), the signature of a parent, guardian or legal representative is required.

Person signing: Parent (father or mother) Guardian (Quebec) Legal representative (provinces other than Quebec)

First and last names of proposed insured _____
First and last names of the person signing for the proposed insured **X** _____
Signature Signed at (city or town, province) Date (yyyy/mm/dd)

Person signing: Parent (father or mother) Guardian (Quebec) Legal representative (provinces other than Quebec)

First and last names of proposed insured _____
First and last names of the person signing for the proposed insured **X** _____
Signature Signed at (city or town, province) Date (yyyy/mm/dd)



Statements and authorizations

- 1- The policyowner and the proposed insureds declare that all answers provided in this application, or in any other questionnaire or form relating to it, are true and complete to the best of their knowledge. The same applies to the answers provided during interviews, over the telephone or otherwise, to questions concerning insurability. They understand that Desjardins Insurance will issue the contract(s) based on these answers and statements.
 - 2- The policyowner and the proposed insureds agree to notify Desjardins Insurance of any change that may affect the insurability conditions of the proposed insureds before the contract is formed. "Insurability condition" refers to any situation that may influence Desjardins Insurance's decision such as a change in health status, occupation, lifestyle, smoking habits or tobacco use, an accident, a consultation, examination or treatment by any healthcare professional, a recommendation to have a medical appointment or consultation with a healthcare professional that has not yet taken place, a medical test or a recommendation to have a medical test that has not yet been completed, a violation of the Highway Safety Code or other similar laws, a Criminal Code offence, foreign travels or participation in hazardous sports.
 - 3- Each proposed insured agrees to have insurance being issued on them.
 - 4- Each proposed insured agrees to have their personal information on this application disclosed to the policyowner.
 - 5- The policyowner acknowledges that:
 - a) they were given an accurate description of the coverages applied for;
 - b) the exclusions applicable to the coverages were clearly explained;
 - c) they received the illustration outlining the values and features of the coverages applied for, or the representative went over the illustration with them;
 - d) they will pay the premium retroactive to the date indicated under **Saving the age** in the **Payment and premium** section, if applicable;
 - e) the information provided on their "Declaration of tax residence" is correct and complete (if applicable). They agree to give Desjardins Insurance a new declaration within 30 days in the event of any change in circumstances;
 - f) they will provide Desjardins Insurance any business or trust number missing from section **Owner** within 90 days;
 - g) they will provide Desjardins Insurance, within 90 days, a copy of any valid cannabis licence issued by Health Canada and, if required because of the nature of their business activities, by the Canada Revenue Agency;
 - h) the representative has disclosed or provided in writing to the policyowner the name of all life and health insurance companies on whose behalf they sell products, that they receive commissions or salary for the sale of their life and health insurance products and that they may qualify for additional compensation, such as bonuses and non-monetary benefits, like travel incentives.
 - 6- The policyowner and the proposed insureds acknowledge that any misrepresentation, including the misrepresentation of smoking habits, may void the contract.
 - 7- Each proposed insured acknowledges that they have read the **Notice Applicable to MIB, LLC** (pages 5 and 7).
 - 8- The policyowner and the proposed insureds confirm that they read this section before signing it.
 - 9- **For a Temporary insurance agreement:** the policyowner and the proposed insureds acknowledge having read the **Temporary insurance agreement in case of death** or the **Temporary insurance agreement in case of critical illness** and acknowledge understanding the terms and conditions stipulated in the applicable agreement(s). Each proposed insured declares not being affected by the exclusions or conditions mentioned in the applicable agreement(s).
 - 10- **For the Conditional insurance agreement:** the policyowner and the proposed insureds acknowledge having read the **Conditional insurance agreement in case of disability** and acknowledge understanding the terms and conditions stipulated in said agreement. Each proposed insured declares not being affected by the exclusions or conditions mentioned in the **Conditional insurance agreement in case of disability**.
 - 11- **If this application is signed in Quebec:** the policyowner understands that they will receive a French version of all the documents forming their contract and asks that these documents and any future documents regarding the insurance applied for be provided to them in English.
Si cette proposition est signée au Québec : le preneur comprend qu'il recevra une version française de tous les documents qui constituent son contrat et demande que ces documents et tout document futur relatif à l'assurance demandée lui soient fournis en anglais.
- Note:** If the policyowner is a corporation, trust or other entity:
- a) the person authorized to sign on behalf of the policyowner must sign on the **Signature of the person(s) authorized to sign on behalf of the policyowner** line and indicate their name and title in the section below;
 - b) the **Identity Verification Supplementary Form (08295E)** must be completed for life insurance contracts with cash surrender values or a savings component, and the supporting documentation must be attached to the application.

Signature of policyowner(s) (policyowner = individual)

	X	Signature	Signed at (city or town, province)	Date (yyyy/mm/dd)
First and last names of the policyowner				
	X	Signature	Signed at (city or town, province)	Date (yyyy/mm/dd)
First and last names of the policyowner				

Signature of the person(s) authorized to sign on behalf of the policyowner (policyowner = corporation, trust or other entity)

	X	Signature	Signed at (city or town, province)	Date (yyyy/mm/dd)
Title and first and last names of the authorized person				
	X	Signature	Signed at (city or town, province)	Date (yyyy/mm/dd)
Title and first and last names of the authorized person				

Signature of proposed insured(s)*

	X	Signature		X	Signature	Date (yyyy/mm/dd)
First and last names of the proposed insured			First and last names of the proposed insured			
	X	Signature		X	Signature	Date (yyyy/mm/dd)
First and last names of the proposed insured			First and last names of the proposed insured			

* If the proposed insured is **under age 18 (Quebec)** or **under age 16 (provinces other than Quebec)**, the signature of a parent, guardian or legal representative is required.

Person signing: Parent (father or mother) Guardian (Quebec) Legal representative (provinces other than Quebec)

	X	Signature		Date (yyyy/mm/dd)
First and last names of the proposed insured			First and last names of the person signing for the proposed insured	

Person signing: Parent (father or mother) Guardian (Quebec) Legal representative (provinces other than Quebec)

	X	Signature		Date (yyyy/mm/dd)
First and last names of the proposed insured			First and last names of the person signing for the proposed insured	



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.



Pre-authorized debit agreement (PAD)

I authorize Desjardins Insurance to debit my account held at the financial institution indicated and according to the period and amounts indicated in **Payment and premium instructions – Pre-authorized debit (PAD)** section of the application. Moreover, I acknowledge having read the terms and conditions regarding the PAD in **Payment and premium instructions – Pre-authorized debit (PAD)** section of the application and I understand that, to the extent possible, I will receive a copy of the signed authorization. I will not receive any other confirmation prior to the first payment.

_____ X _____
 First and last names of account holder (please print) Signature of account holder Date (yyyy/mm/dd)

_____ X _____
 First and last names of the second account holder (please print) Signature of the second account holder Date (yyyy/mm/dd)
 (only if 2 signatures are required)

Declaration of the representative

The representative declares that:

- 1- the policyowners and proposed insureds have read all the questions in this application and that, to the best of the representative's knowledge, the answers are true and complete;
- 2- they have seen all the proposed insureds;
- 3- they have seen all the policyowners (including the persons authorized to sign on behalf of policyowners that are corporations, trusts or other entities) and that they have duly confirmed their identity;
- 4- they have disclosed or provided in writing to the policyowners the name of all life and health insurance companies on whose behalf they sell products, that they receive commissions or salary for the sale of their life and health insurance products and that they may qualify for additional compensation, such as bonuses and non-monetary benefits, like travel incentives;
- 5- they have disclosed in writing to the policyowners any conflict of interest relevant to this application;
- 6- they have completed the **Identity Verification Supplementary Form (08295E)** and ensured that all the required documents have been attached to the application, if the policyowner is a corporation, trust or other entity and life insurance coverage with cash surrender values or a savings component is applied for.

 First and last names of the representative (please print) Check if trainee Representative code Date (yyyy/mm/dd)

X _____
 Signature of the representative

QUEBEC ONLY - If the representative is a trainee, please complete this section.

First name of supervisor	Last name of supervisor	Representative code	Field office code

X _____
 Signature of supervisor Date (yyyy/mm/dd)

Receipt for the initial premium

Desjardins Insurance acknowledges receipt of the amount of \$ _____ from _____ by automatic withdrawal or by cheque. This amount is the total of initial premiums needed for the agreements in case of death, critical illness or disability to take effect, whichever is applicable.

X _____ X _____
 Signature of representative Check if trainee Signature of the trainee's supervisor (Quebec only) Date (yyyy/mm/dd)



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.



Specific consent

Applicable to Quebec only

When one of our representatives offers you financial products such as insurance and annuities, we wish to obtain from you certain relevant information of a personal and/or financial nature. For specifics on the content of each of these information categories, please read page 18. Please authorize, in the table below, the "Required information categories to be accessed" for which you give consent.

After reading the Notice of specific consent shown on page 18, I, the undersigned, agree that the information that Desjardins Financial Security, Financial Services Firm holds concerning me be used at the time of the financial services offer of insurance and annuities.

This consent will be valid until it is cancelled or until the cancellation date indicated below.

Identification and signature – policyowner and insured		Required information categories to be accessed and client's authorization		Cancellation date (if applicable)
First and last names	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature X	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last names	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature X	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last names	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature X	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last names	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature X	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last names	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature X	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First and last names	Date of birth (yyyy/mm/dd)	Personal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature X	Date of signature (yyyy/mm/dd)	Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	

In accordance with the *Act Respecting the Protection of Personal Information in the Private Sector*, you may request access to the information that we hold pertaining to you.



Specific consent (cont.)

Notice of specific consent

You are free to grant or refuse this consent

Section 92 of the *Act Respecting the Distribution of Financial Products and Services*

What you must know

- At this date, we hold certain information relating to you.
- We require your consent to allow some of our representatives to have access to this information.
- These representatives will also have access to any update of the information done during the period of validity of the consent.
- These representatives will use the information available **in order to solicit you for the purchase of new financial products and services.**

You are free to set the period of validity of your consent

- If you grant consent for an undetermined period of time, you may at any time terminate it by revoking it. At the end of this form, you will find a revocation notice model that you may use for this purpose or as a basis for preparing your own notice.
- If you wish to grant consent for a limited period of time, you may do so by determining this period yourself. This form provides, in the "Specific consent" section, a place where you may write down the period of validity desired.

The Act Respecting the Distribution of Financial Products and Services gives you important rights.

Without this specific consent, Desjardins Financial Security, Financial Services Firm may not use this information for a purpose other than the purpose for which it was collected. **Desjardins Financial Security, Financial Services Firm cannot compel you to give your consent or refuse to do business with you if you refuse to give it.** Section 94 of the Act protects you. For further information, contact the Autorité des marchés financiers at:

Quebec: 418-525-0337 **Montreal:** 514-395-0337 **Toll-free:** 1-877-525-0337

We hold certain information pertaining to you that we have collected when offering financial products and services including insurance, annuities, credit and other related services.

Required information categories to be accessed

Personal: for example, first and last names, date of birth, sex, address, phone number, occupation.

Financial: for example, personal and household income, dependents, other insurance contracts and annuities in force, investments, financial statement and, if a company, statement of assets and liabilities.

Model of revocation of specific consent

First name and last name (please print)			Contract number
Address (No., street, apt.)			Date of birth (yyyy/mm/dd)
City	Province	Postal code	10-digit phone number

I hereby revoke the specific consent given to:

Desjardins Financial Security, Financial Services Firm
200, rue des Commandeurs, Lévis (Québec) G6V 6R2

by the following notice:

On _____
Date (yyyy/mm/dd)

I, the undersigned, _____, hereby notify you that I am cancelling the specific
Policyowner's or insured's first name and last name
consent authorizing the communication of my personal information for new purposes.

Consent given to you on: _____
Date of consent (yyyy/mm/dd)

X _____
Signature of policyowner or insured