



Policy number	Policyowner 1	Policyowner 2
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POLICY RETURNED DUE TO A CHANGE TO INSURABILITY CONDITIONS

The following information applies only if the enclosed policy was issued following an insurance application **that required evidence of insurability**.

If the insurability conditions* of any of the proposed insureds have changed since the date the insurance application was signed:

Please return the policy to Desjardins Financial Security Life Assurance Company (hereinafter called "Desjardins Insurance") along with the **Insurability Questionnaire form 14238E** completed and signed for each proposed insured concerned.

Desjardins Insurance will then re-evaluate the insurance application based on the new information.

* Insurability conditions include any situation that can influence Desjardins Insurance's decision to issue the policy, as mentioned in the "Statements and Authorizations" section of the insurance application.

POLICY RETURNED DUE TO REQUEST FOR CHANGES

The policyowner has read the above-mentioned policy and requests the following changes:

Note: Please return the policy to Desjardins Insurance with this request form and enclose a new illustration.

X

Date (YYYY/MM/DD)

X

Signature of policyowner 1

X

Signature of policyowner 2

XSignature of representative ☐ Check if trainee**X**

Signature of supervisor (Quebec only)

POLICY ACCEPTED

The policyowner confirms that:

- They have received the above-mentioned policy and read this document before signing it
- A financial needs analysis related to this policy was completed
- The representative explained the following and that they understand them well:
 - Policyowner's rights
 - Policy provisions
 - Insurance coverage
 - Amount of insurance payable upon death
 - Grace period and reinstatement
 - Policy fees
 - Cash surrender value, if applicable
 - Beneficiary
 - Insurability conditions
 - Premiums that apply to the policy and any possible variations
 - Procedure for claims, change of address or any other changes

X

Signature of policyowner 1

X

If policyowner 1 is a company, name and title of the person who has the authority to sign on its behalf

X

Signature of policyowner 2

X

If policyowner 2 is a company, name and title of the person who has the authority to sign on its behalf

X

First and last name of representative (BLOCK LETTERS)

XSignature of representative ☐ Check if trainee**X**

Signature of supervisor (Quebec only)

X

Date (YYYY/MM/DD)