

Contract number	First and last name of current policyowner 1	First and last name of current policyowner 2
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Financial center number (internal use)	Representative number (internal use)

Table of contents

Part 1 - To be completed as appropriate

A - Change or addition of policyowner	1
B - Change of policyowner name	5
C - Designation or change of beneficiary	5
D - Designation or change of a trustee for a minor beneficiary	7

Part 2 - Must be completed

E - Statements and signatures	8
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! IMPORTANT: For all policyowner changes, please provide us with new payment instructions by completing and returning a pre-authorized debit agreement (PAD) form.

A - Change or addition of policyowner

! Read before completing:

1. For a policyowner change: If no beneficiary is designated, the new policyowner's estate will be appointed as beneficiary.
2. If the new policyowner wants to keep the same beneficiary, they will have to complete the appropriate section to designate the beneficiary again.
3. If applicable, all of the previous policyowner's additional benefits related to disability, death or loss of job will be terminated.
4. If the policyowner change is because of an assignment resulting from a divorce or separation, enclose a copy of the decree.

A1 - Change of policyowner – Trust or corporation (e.g., company, association, partnership)

- Only complete this section for a change of policyowner.


! For contracts that include life insurance with cash surrender values or a savings component, please complete form 08295E.

Name (trust or corporation)	Relationship to insured		Trust/Corporation number
Address	City	Province	Postal code
Email	Telephone Work: _____, ext.: _____		

A - Change or addition of policyowner (cont.)

A2 - Change or addition of policyowner – Individual

- **Instructions:** Please indicate below the policyowner(s) you want to name for your contract.

 When changing or adding a policyowner for a life insurance policy with cash surrender values or a savings component, please complete **section A5 - Declaration of tax residence** for the **new policyowner** only.

Policyowner 1		Policyowner 2	
First name		First name	
Last name		Last name	
Sex <input type="checkbox"/> F <input type="checkbox"/> M	Date of birth (YYYY/MM/DD)	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Date of birth (YYYY/MM/DD)
Relationship to insured (mandatory)		Relationship to insured (mandatory)	
Address		Address	
City		City	
Province	Postal code	Province	Postal code
Email		Email	
Telephone Home: _____ Cell: _____ Work: _____, ext.: _____		Telephone Home: _____ Cell: _____ Work: _____, ext.: _____	

A3 - Change of policyowner following the death of the policyowner

- This section must be signed by all relevant persons.

Declaration

I, the undersigned, having reached the age of majority, declare that:

1. The policyowner of the above-mentioned contract, _____, died on _____, as evidenced by the death certificate submitted to Desjardins Financial Security Life Assurance Company. (YYYY/MM/DD)
2. The above-mentioned contract is included in the deceased's estate.
3. This declaration is made pursuant to what is checked in the table below:

All provinces and territories (except Quebec)	Quebec
<input type="checkbox"/> Certificate of appointment of estate trustee/Notarized copy of letters probate	<input type="checkbox"/> Will <input type="checkbox"/> Marriage contract <input type="checkbox"/> Legislative provisions (If no testamentary provisions exist, attach relevant documents.)
Attach any documents that have been checked to your request.	

Identification of new policyowner

Pursuant to what has been checked in the above table, this contract is bequeathed to:

First and last name	Date of birth (YYYY/MM/DD)

A - Change or addition of policyowner (cont.)

Waiver of heirs

Important: Any heir who wishes to waive their rights under the said contract must complete and sign the section below.

Acknowledging that, henceforth, they will no longer have any interest in the said contract, the undersigned waive all their rights, claims, privileges and obligations related to this contract in favour of the **new policyowner(s)**:

Name policyowner	Name policyowner
X Signature of heir waiving his rights (Quebec only)	Name of heir waiving his rights (BLOCK LETTERS)
X Signature of heir waiving his rights (Quebec only)	Name of heir waiving his rights (BLOCK LETTERS)
X Signature of witness	Name of witness (BLOCK LETTERS)

Date (YYYY/MM/DD)

A4 - Designation or change of contingent policyowner

• Please complete the table below to designate or change the contingent policyowner.

<input type="checkbox"/> Contingent policyowner named below		<input type="checkbox"/> Surviving policyowner (applies only when there is more than one policyowner)	
First and last name of contingent policyowner	Relationship to policyowner	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Date of birth (YYYY/MM/DD)
Address		City	
Province	Postal code	Telephone	
Email		Home: _____ Cell.: _____	
		Work: _____, ext.: _____	

A5 - Declaration of tax residence – Individual

! When changing or adding a policyowner for a life insurance contract with cash surrender values or a savings component, the **new policyowner** must complete the Declaration of tax residence. For more information, please refer to the documents on [web](#).

Policyowner 1	Policyowner 2																		
<p>Check all of the options that apply to you.</p> <p><input type="checkbox"/> I am a tax resident of Canada. If you check this box, give your social insurance number: _____</p> <p><input type="checkbox"/> I am a tax resident or a citizen of the United States. If you check this box, give your U.S. Taxpayer Identification Number (TIN): _____ If you do not have a TIN, have you applied for one? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> I am a tax resident in a country other than Canada or the United States. If you check this box, give your countries of tax residence and taxpayer identification numbers. If you do not have a TIN, give the reason using one of the following choices: Reason A : I will apply or have applied for a TIN but have not yet received it. Reason B : My country of tax residence does not issue TINs to its residents. Reason C : Other reason.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Country of tax residence</th> <th style="width: 33%;">TIN</th> <th style="width: 34%;">If you do not have a TIN, choose reason A, B, or C. If "C", please specify.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><input type="checkbox"/> I will provide any missing information on my declaration of tax residence to Desjardins Financial Security Life Assurance Company within 90 days.</p>	Country of tax residence	TIN	If you do not have a TIN, choose reason A, B, or C. If "C", please specify.							<p>Check all of the options that apply to you.</p> <p><input type="checkbox"/> I am a tax resident of Canada. If you check this box, give your social insurance number: _____</p> <p><input type="checkbox"/> I am a tax resident or a citizen of the United States. If you check this box, give your U.S. Taxpayer Identification Number (TIN): _____ If you do not have a TIN, have you applied for one? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> I am a tax resident in a country other than Canada or the United States. If you check this box, give your countries of tax residence and taxpayer identification numbers. If you do not have a TIN, give the reason using one of the following choices: Reason A : I will apply or have applied for a TIN but have not yet received it. Reason B : My country of tax residence does not issue TINs to its residents. Reason C : Other reason.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Country of tax residence</th> <th style="width: 33%;">TIN</th> <th style="width: 34%;">If you do not have a TIN, choose reason A, B, or C. If "C", please specify.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><input type="checkbox"/> I will provide any missing information on my declaration of tax residence to Desjardins Financial Security Life Assurance Company within 90 days.</p>	Country of tax residence	TIN	If you do not have a TIN, choose reason A, B, or C. If "C", please specify.						
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A - Change or addition of policyowner (cont.)

A6 - Mandatory questions if the contract includes life insurance

- Under the *Income Tax Act*, transferring ownership of an interest in a life insurance contract may lead to a taxable policy gain. If there is a gain, we will need to issue tax slip(s) to you.
- You will need to answer the questions below so we can determine whether a tax slip needs to be issued.
- For more details about tax implications when changing the policyowner, speak with a tax specialist.

Instructions		
If you and the new policyowner are individuals , complete sections 1, 3 and 4 .		
If the new or the previous policyowner is a corporation (company), a partnership or a trust, complete sections 2, 3 and 4 .		
1. Transfer between individuals	Yes	No
a) Is the new policyowner your spouse, ¹ ex-spouse ² or child? ³	<input type="checkbox"/>	<input type="checkbox"/>
• Is the contract being transferred to your ex-spouse ² in settlement of rights arising out of your marriage or common-law partnership?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the contract being transferred to a child ³ because the previous policyowner has died?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is the new policyowner your father, mother, father-in-law, mother-in-law, grandfather, grandmother, brother, sister, brother-in-law or sister-in-law?	<input type="checkbox"/>	<input type="checkbox"/>
2. Transfer involving a corporation, a partnership or a trust	Yes	No
a) Is the contract being transferred because a corporation (current policyowner) has been wound-up ⁴ into another corporation that held its shares?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is the contract being transferred because a corporation (current policyowner) has merged ⁵ with another corporation?	<input type="checkbox"/>	<input type="checkbox"/>
c) Is the contract being transferred by a trust (current policyowner) to one of its beneficiaries in settlement of their capital interest in the trust? ⁶	<input type="checkbox"/>	<input type="checkbox"/>
d) Is this a non-arm's length transfer? ⁷	<input type="checkbox"/>	<input type="checkbox"/>
3. Contract transferred as security	Yes	No
Is the policy being transferred to a creditor to secure a debt or a loan (other than a policy loan)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Transfer resulting in consideration		
If the current policyowner has received consideration ⁸ for the transfer of the contract, indicate the fair market value ⁹ of the consideration: \$ _____		
If no value is indicated, Desjardins Financial Security Life Assurance Company will assume that the current policyowner is not receiving any consideration for the transfer of the contract.		

Explanatory notes

1. For income tax purposes, "spouse" refers to married spouses and common-law partners. In accordance with the *Income Tax Act*, "common-law partner" is defined as someone who has cohabited with the individual in a conjugal relationship for a period of at least 12 months or someone cohabitating in a conjugal relationship with the individual and is the mother or father of the individual's child.
2. For income tax purposes, married spouses remain spouses until they are divorced and common-law partners remain spouses until they have been living separately and apart for period of at least 90 days.
3. For income tax purposes, "child" refers to a child, a spouse's child, an adopted child, a grandchild, a great-grandchild or the spouse of a child.
4. Under section 88 of the *Income Tax Act*.
5. Under section 87 of the *Income Tax Act*.
6. Under subsection 107(2) of the *Income Tax Act*.
7. A non-arm's length relationship exists:

For a corporation or a partnership:

- when the current policyowner holds (directly or indirectly) more than 50% controlling interest in the entity that is acquiring the contract;
- when the new policyowner holds (directly or indirectly) more than 50% controlling interest in the entity that is assigning the contract;
- when the same person holds (directly or indirectly) more than 50% controlling interest in both entities.

For a personal trust:

- with its beneficiaries.

There may be non-arm's length relationships in other situations. If you are not sure whether the transfer is being made at arm's length or not, speak with a tax specialist.

8. Consideration includes:

- the amount that the new policyowner paid or has agreed to pay to acquire the contract; **or**
- the value of the assets that the new policyowner has transferred or has agreed to transfer to acquire the contract.

9. "Fair market value" refers to the price we can obtain, given general market conditions, during the sale of a property between prudent, informed, unrestricted parties acting at arm's length.



B - Change of policyowner name

- Please attach documents supporting the name change to your request, if applicable (based on what you check in the sections below).

B1 - Change of policyowner name – Individual

I, the undersigned policyowner, ask that: _____ be replaced by _____
for the reason indicated in the table below.

Policyowner's date of birth: _____

Reason for name change
<input type="checkbox"/> Legal adoption <input type="checkbox"/> Legal name change <input type="checkbox"/> Error on application <input type="checkbox"/> Other (specify): _____

X

Signature of current policyowner

Date (YYYY/MM/DD)

B2 - Change of policyowner name – Trust or corporation (e.g., company, association, partnership)

I, the undersigned who is authorized to sign on behalf of the policyowner, ask that: _____ be replaced by _____
for the reason indicated in the table below.

Reason for name change
<input type="checkbox"/> Legal name change <input type="checkbox"/> Error on application <input type="checkbox"/> Other (specify): _____

X

Signature of the person authorized to sign on behalf of the current policyowner

Date (YYYY/MM/DD)

C - Designation or change of beneficiary

Read before completing:

For the province of Quebec: The designation of your spouse (married or civil union spouse) as beneficiary is automatically irrevocable, unless you stipulate otherwise. The designation of any other person as beneficiary is revocable, unless you stipulate otherwise.

For all other Canadian provinces and territories: The beneficiary designation is automatically revocable, unless you stipulate otherwise.

Revocable means that the beneficiary designation can be changed without the beneficiary's written consent.

Irrevocable means that the beneficiary designation cannot be changed without the beneficiary's written consent. The irrevocable designation of a minor cannot be changed until they reach the age of majority.

1. A new beneficiary designation terminates any previous designation, but does not affect any existing contingent beneficiary designations.

2. If you designate a financial institution as your beneficiary, provide the following information:

- Name of the financial institution
- Number and date of the loan

You also have to indicate that the amount payable to the financial institution will be equal to the loan balance. The amount over and above the balance owing will be distributed evenly among the other beneficiaries according to their percentage share.

3. a) If the designated beneficiary is deceased and there is no contingent beneficiary, the policyowner's estate becomes the beneficiary.
b) If the irrevocable beneficiary is deceased, attach an original death certificate.
c) The designation of "estate" applies to the policyowner's heirs and not those of the insured.

C - Designation or change of beneficiary (cont.)

C1 - Life insurance

- The percentages allocated to an insured's beneficiaries must add up to 100%.

First and last name of insured	First and last name of beneficiaries	%	Date of birth (YYYY/MM/DD)	Beneficiary's relationship to: - Policyowner , for contracts issued in Quebec - Insured , for contracts issued in provinces other than Quebec	Sex	Status
Insured 1	1.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	2.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	3.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Insured 2	1.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	2.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	3.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

C2 - Long-term care insurance (for the refund of premiums upon the insured's death portion of this coverage)

- The percentages allocated to an insured's beneficiaries must add up to 100%.

First and last name of insured	First and last name of beneficiaries	%	Date of birth (YYYY/MM/DD)	Beneficiary's relationship to: - Policyowner , for contracts issued in Quebec - Insured , for contracts issued in provinces other than Quebec	Sex	Status
Insured 1	1.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	2.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Insured 2	1.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	2.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

C3 - Critical illness insurance

- The percentages allocated to an insured's beneficiaries must add up to 100%.

Type of benefit	First and last name of insured	First and last name of beneficiaries	%	Date of birth (YYYY/MM/DD)	Beneficiary's relationship to: - Policyowner , for contracts issued in Quebec - Insured , for contracts issued in provinces other than Quebec	Sex	Status
CRITICAL ILLNESS INSURANCE BENEFIT	Insured 1				<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	Insured 2				<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
DEATH BENEFIT (IF APPLICABLE)	Insured 1				<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	Insured 2				<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
HEALTH BENEFIT	Insured 1				<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	Insured 2				<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

C - Designation or change of beneficiary (cont.)

C4 - Disability insurance (for the "Death Benefit" portion of the SOLO Disability Income and SELECT Disability Income coverages)

- The percentages allocated to an insured's beneficiaries must add up to 100%.

First and last name of insured	First and last name of beneficiaries	%	Date of birth (YYYY/MM/DD)	Beneficiary's relationship to: - Policyowner , for contracts issued in Quebec - Insured , for contracts issued in provinces other than Quebec	Sex	Status
	1.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	2.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

C5 - Designation or change of contingent beneficiary

- If a beneficiary dies before the insured, the contingent beneficiary replaces this beneficiary.

First and last name of insured	First and last name of beneficiaries	%	Date of birth (YYYY/MM/DD)	Contingent beneficiary's relationship to: - Policyowner , for contracts issued in Quebec - Insured , for contracts issued in provinces other than Quebec	Sex	Status
Insured 1	1.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	2.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Insured 2	1.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	2.			<input type="checkbox"/> Married <input type="checkbox"/> Civil union spouse (Quebec only) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Other:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

D - Designation or change of a trustee for a minor beneficiary (provinces other than Quebec)

First and last name of insured	First and last name of trustee	Date of birth of trustee (YYYY/MM/DD)	Trustee's relationship to beneficiary	Sex of trustee
First and last name of beneficiary 1				<input type="checkbox"/> F <input type="checkbox"/> M
First and last name of beneficiary 2				<input type="checkbox"/> F <input type="checkbox"/> M
First and last name of beneficiary 3				<input type="checkbox"/> F <input type="checkbox"/> M

E - Statements and signatures

Declaration of current policyowner(s)

I, the undersigned, hereby revoke the current revocable beneficiary(ies) and waive all my rights, titles, privileges and obligations under the contract. I also request, if applicable, the cancellation of any waiver of premium benefit on my life and assign my contract in favour of the policyowner(s) designated in **section A**.

X_____
Signature of current policyowner 1 (individual)**X**_____
Signature of current policyowner 2 (individual)**X**_____
Signature of the person authorized to sign on behalf of the current policyowner (corporation/trust)_____
Name and title (BLOCK LETTERS) of the person authorized to sign on behalf of the current policyowner (corporation/trust)_____
Date (YYYY/MM/DD)

Declaration of new policyowner(s)

- I, the undersigned, hereby consent to becoming the policyowner of this contract with all the associated rights, titles, privileges and obligations.
- I, the undersigned:
 - a) declare that the information provided in the Declaration of tax residence, if applicable, is accurate and complete and that, if there are any changes, I must provide Desjardins Financial Security Life Assurance Company (hereinafter "Desjardins Insurance") with a new declaration within 30 days;
 - b) agree to provide Desjardins Insurance with any information missing from my Declaration of tax residence within 90 days.

X_____
Signature of new policyowner 1 (individual)_____
Name of new policyowner 1 (individual) (BLOCK LETTERS)**X**_____
Signature of new policyowner 2 (individual)_____
Name of new policyowner 2 (individual) (BLOCK LETTERS)**X**_____
Signature of the person authorized to sign on behalf of the current policyowner (corporation/trust)_____
Name and title (BLOCK LETTERS) of the person authorized to sign on behalf of the current policyowner (corporation/trust)_____
Date (YYYY/MM/DD)

Declaration of revoked beneficiary(ies)

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

X_____
Signature of irrevocable beneficiary_____
Name of irrevocable beneficiary (BLOCK LETTERS)**X**_____
Signature of mortgagee_____
Name of mortgagee (BLOCK LETTERS)**X**_____
Signature of witness_____
Name of witness (BLOCK LETTERS)_____
Date (YYYY/MM/DD)

F - Registration by Desjardins Financial Security Life Assurance Company

Desjardins Financial Security Life Assurance Company has registered this change, but assumes no responsibility for the validity or legality of the document.

Registered by: _____

Date (YYYY/MM/DD)