

## Temporary insurance agreement in case of death

Lock-in 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 from **section I** of 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 policy 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 Financial Security Life Assurance Company (hereinafter called "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.

**GIVE TO THE POLICYOWNER IF THE CONDITIONS ON THE FRONT AND THE BACK OF THIS PAGE APPLY. OTHERWISE, PLEASE LEAVE THIS NOTE WITH THIS FORM.**

## Temporary insurance agreement in case of critical illness

Lock-in 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 from the **Temporary insurance agreement in case of critical illness** section of 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 policy 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 Financial Security Life Assurance Company (hereinafter called "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 INSURED RISKS:** this Temporary insurance agreement in case of critical illness protects the proposed insured for the following insured risks:

### Heart attack (myocardial infarction)

The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by:

- new electrocardiographic (ECG) changes indicative of a myocardial infarction; and by
- the elevation of cardiac biochemical markers to levels considered diagnostic for infarction.

### Stroke

A cerebrovascular accident causing infarction of brain tissue, due to hemorrhage, thrombosis or embolism, producing a measurable neurological deficit persisting for at least 30 days following the occurrence of the stroke. Transient Ischemic Attacks (TIA) are specifically excluded.

### Blindness

Permanent loss of sight in both eyes, as confirmed by an ophthalmologist licensed and practicing in Canada. The corrected visual acuity must be worse than 20/200 in both eyes or the field of vision must be less than 20 degrees in both eyes.

### Deafness

Permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels, as confirmed by an otorhinolaryngologist licensed and practicing in Canada.

### Major burns

Third degree burns covering at least 20% of the surface area of the proposed insured's body, confirmed by a plastic surgeon licensed and practicing in Canada.

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## Conditional insurance agreement in case of disability

Lock-in 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 from the **Conditional insurance agreement in case of disability** section of 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 policy 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 Financial Security Life Assurance Company (hereinafter called "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.

### Definition:

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.

**GIVE TO THE POLICYOWNER IF THE CONDITIONS ON THE FRONT AND THE BACK OF THIS PAGE APPLY. OTHERWISE, PLEASE LEAVE THIS NOTE WITH THIS FORM.**

## Temporary insurance agreement in case of death (cont.)

**Exclusions:** no death benefit is paid under this Temporary insurance agreement in case of death 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 91<sup>st</sup> 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.

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

### Coma

A state of unconsciousness with no reaction to external stimuli, for a continuous period of at least 96 hours, confirmed by a neurologist licensed and practicing in Canada.

### Dismemberment

The complete severance of 2 or more limbs, from above the wrist or ankle joint, as a result of an accidental injury or as a result of a medically required surgery recommended by a physician licensed and practicing in Canada.

### Paralysis

The complete and permanent loss of use of two or more limbs, for a continuous period of 90 days or more without any signs of improvement during that period, confirmed by a physician licensed and practicing in Canada. Psychiatric causes are specifically excluded.

### Loss of speech

The total, permanent and irreversible loss of the ability to speak for a continuous period of 180 days due to physical injury or physical disease, confirmed by a specialist physician licensed and practicing in Canada. Psychiatric causes are specifically excluded.

**Exclusions:** no critical illness benefit is payable under this Temporary insurance agreement in case of critical illness if:

1. the proposed insured sustains one of the insured risks, whether sane or not, as a result of self-inflicted injuries, attempted suicide, alcohol abuse, or abuse of drugs whether prescribed or not, participating directly or indirectly in any crime, any armed conflict, war (declared or not), insurrection or riot, whether the proposed insured was involved or not;
2. the proposed insured dies within 30 days of the occurrence or diagnosis of one of the insured risks.

**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 91<sup>st</sup> 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.

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## 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 91<sup>st</sup> 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.**

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.



## Authorization to collect and communicate personal information

For the sole purpose of determining my insurability, managing my file and processing claims, I authorize Desjardins Financial Security Life Assurance Company or its reinsurers:

1. to collect from any individual, legal entity or public or parapublic organization only the personal information they have about me that is needed to process my file. This information may be collected from third parties, including any health care professional or establishment, MIB, Inc., insurance and reinsurance companies, personal information brokers, investigation firms, the policyowner, my employer or my former employers;
2. to disclose to those individuals, legal entities or public or parapublic organizations only the personal information they have about me that is needed to manage my file;
3. to request, if applicable, an investigation report about me and to use the personal information contained in other files it may have that are now closed;

4. to disclose to my personal physician, **Evidence of insurability** section, any medical information about me that was obtained during the evaluation of my file;
5. to disclose to other insurers or reinsurers any information about me that is relevant to determining my eligibility for insurance;
6. to provide a brief report of my personal information to MIB, Inc., including information on my health.

This authorization also applies to collecting, using and disclosing personal and medical information concerning my minor children, insofar as they are subject to my application.

A photocopy of this authorization is as valid as the original.

**Each policyowner and proposed insured, including children age 14 and older (Quebec) or 16 and older (outside Quebec), have read this section before signing it.**

### Check off if:

**X**

\_\_\_\_\_  
Name (BLOCK LETTERS) and signature

- ☐ Insured  
☐ Policyowner

- ☐ Guardian for child under 18 years (Quebec)  
☐ Child from age 14 to 17 (Quebec)  
☐ Legal representative for child under 16 years (outside Quebec)

**X**

\_\_\_\_\_  
Name (BLOCK LETTERS) and signature

- ☐ Insured  
☐ Policyowner

- ☐ Guardian for child under 18 years (Quebec)  
☐ Child from age 14 to 17 (Quebec)  
☐ Legal representative for child under 16 years (outside Quebec)

**X**

\_\_\_\_\_  
Name (BLOCK LETTERS) and signature

- ☐ Insured  
☐ Policyowner

- ☐ Guardian for child under 18 years (Quebec)  
☐ Child from age 14 to 17 (Quebec)  
☐ Legal representative for child under 16 years (outside Quebec)

**X**

\_\_\_\_\_  
Name (BLOCK LETTERS) and signature

- ☐ Insured  
☐ Policyowner

- ☐ Guardian for child under 18 years (Quebec)  
☐ Child from age 14 to 17 (Quebec)  
☐ Legal representative for child under 16 years (outside Quebec)

**X**

\_\_\_\_\_  
Name (BLOCK LETTERS) and signature

- ☐ Insured  
☐ Policyowner

- ☐ Guardian for child under 18 years (Quebec)  
☐ Child from age 14 to 17 (Quebec)  
☐ Legal representative for child under 16 years (outside Quebec)

**X**

\_\_\_\_\_  
Date (YYYY/MM/DD)

## Receipt for the initial premium

Desjardins Financial Security Life Assurance Company 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 and disability to take effect, whichever is applicable.

**X**

\_\_\_\_\_  
Signature of representative ☐ Check if trainee

**X**

\_\_\_\_\_  
Signature of supervisor (Quebec only)

**X**

\_\_\_\_\_  
Date (YYYY/MM/DD)

**IF THE CONDITIONS APPLY, GIVE TO POLICYOWNER.**

## Notice applicable to MIB, Inc. - Give to policyowner

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Information regarding the insurability of the person to be insured will be treated as confidential by Desjardins Financial Security Life Assurance Company (hereinafter called "Desjardins Insurance"), its reinsurers and MIB, Inc., a non-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you submit an application for life or health insurance coverage for an individual or a benefit claim for an insured to another MIB, Inc. member company, upon request, MIB, Inc. will supply such company with the information it has on file about this person.

MIB, Inc. receives personal information for which the collection, use and disclosure is governed by the *Personal Information Protection and Electronic Documents Act* (PIPEDA) and provincial laws. Accordingly, MIB, Inc. has agreed to protect such information in a manner that is substantially similar to Desjardins Insurance's privacy and personal information protection practices and in accordance with applicable laws. As a U.S.-based company, MIB, Inc. is also bound by U.S. laws regarding the disclosure of personal information. If you have any questions about MIB, Inc.'s commitment to ensuring the confidentiality of insureds' personal information, contact the MIB, Inc. Privacy Department at **privacy@mib.com**.

Upon request, MIB, Inc. will disclose all of the information in an insured's file to that insured. Insureds can contact MIB, Inc. at **416-597-0590**. Insureds who dispute the accuracy of the information MIB, Inc. has on record for them can seek a correction in accordance with the procedures set forth on MIB, Inc.'s website at **www.mib.com**. They can also write to MIB, Inc.'s information office at **330 University Avenue, Suite 501, Toronto, Ontario M5G 1R7**.

Desjardins Insurance and its reinsurers can also release information from their files to other insurance companies to which an application for life or health insurance or a benefit claim has been submitted. Consumers can obtain additional information about MIB, Inc. at **www.mib.com**.

## Personal information management

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Desjardins Financial Security Life Assurance Company (hereinafter called "Desjardins Insurance") handles the personal information it has on you in a confidential manner. Desjardins Insurance keeps this information on file so that you can benefit from the financial services (insurance, annuities, credit, etc.) it offers. This information is consulted solely by Desjardins Insurance employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy Officer, Desjardins Insurance, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2.

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 transferred to another country and be subject to the laws of that country. For information about Desjardins Insurance's policies and practices regarding the transfer of personal information outside of Canada, visit the Desjardins Insurance website at **www.desjardinslifeinsurance.com** or write to the Desjardins Insurance Privacy Officer at the address indicated above. The Privacy Officer can also answer any questions about the transfer of personal information to service providers located outside of Canada.

**THE FOLLOWING PARAGRAPH APPLIES ONLY IF THIS FORM IS SUBMITTED  
BY A REPRESENTATIVE OF DESJARDINS INSURANCE OR A REPRESENTATIVE AFFILIATED WITH DESJARDINS INSURANCE.**

Desjardins Insurance can send promotional information or offer new products to individuals whose names appear on its client list. Desjardins Insurance may also give its client list to another component of the Desjardins Group for the same purposes. If you do not want to receive such offers, you may have your name removed from the list by sending a written request to the Privacy Officer at Desjardins Insurance.



**This page must be completed only if the mode of signature of the Electronic application is paper.**

## Statements and authorizations

- 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 Financial Security Life Assurance Company (hereinafter called "Desjardins Insurance") will issue the policy or policies based on these answers and statements.
- 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 health care professional, a recommendation to have a medical appointment or consultation with a health care 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.
- Each proposed insured agrees to have insurance being issued on them.
- The policyowner acknowledges that:
  - they were given an accurate description of the coverages applied for;
  - the exclusions applicable to the coverages were clearly explained;
  - they received the illustration outlining the values and features of the coverages applied for, or the representative went over the illustration with them;
  - 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;
  - they will provide Desjardins Insurance any missing information on their "Declaration of tax residence" within 90 days;
  - the representative has disclosed in writing the names of all life and health insurance companies on whose behalf they sell products, that they receive commissions 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.
- The policyowner and the proposed insureds acknowledge that:
  - any misrepresentation, including the misrepresentation of smoking habits, may void the policy;
  - they have read and received a copy of the **Notice applicable to MIB, Inc.** and **Personal Information Management** sections.
- The policyowner and the proposed insureds confirm that they read this section before signing it.
- 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).
- 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.

**Note: If the policyowner is a corporation, trust or other entity, the person authorized to sign on behalf of the policyowner must indicate their name and title and sign below. A completed Identity verification supplementary form (08295E) and the applicable documents must be attached to the application.**

**X**

Name (BLOCK LETTERS) and signature

Check off if:

- ☐ Insured  
☐ Policyowner

- ☐ Guardian for child under 18 years (Quebec)  
☐ Child from age 14 to 17 (Quebec)  
☐ Legal representative for child under 16 years (outside Quebec)

**X**

Name (BLOCK LETTERS) and signature

- ☐ Insured  
☐ Policyowner

- ☐ Guardian for child under 18 years (Quebec)  
☐ Child from age 14 to 17 (Quebec)  
☐ Legal representative for child under 16 years (outside Quebec)

**X**

Name (BLOCK LETTERS) and signature

- ☐ Insured  
☐ Policyowner

- ☐ Guardian for child under 18 years (Quebec)  
☐ Child from age 14 to 17 (Quebec)  
☐ Legal representative for child under 16 years (outside Quebec)

**X**

Name (BLOCK LETTERS) and signature

- ☐ Insured  
☐ Policyowner

- ☐ Guardian for child under 18 years (Quebec)  
☐ Child from age 14 to 17 (Quebec)  
☐ Legal representative for child under 16 years (outside Quebec)

**X**

Name (BLOCK LETTERS) and signature

- ☐ Insured  
☐ Policyowner

- ☐ Guardian for child under 18 years (Quebec)  
☐ Child from age 14 to 17 (Quebec)  
☐ Legal representative for child under 16 years (outside Quebec)

**X**

If the policyowner is a corporation, trust or other entity, indicate the name and title of the person authorized to sign on its behalf.

**X**

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

**X**

Date (YYYY/MM/DD)

**X**

Signed at (city, province)

### Pre-authorized debit agreement (PAD)

I authorize Desjardins Financial Security Life Assurance Company to debit my account held at the financial institution indicated and according to the period and amounts indicated in **Payment and premium instruction** section of the application. Moreover, I acknowledge having read the terms and conditions regarding the PAD in **Payment and premium instruction** section of the application and to the extent possible, I understand that I will receive a copy of the signed authorization. I will not receive any other confirmation prior to the first payment.

**X**

Name (BLOCK LETTERS) and signature of account holder

**X**

Date (YYYY/MM/DD)

**X**

Name (BLOCK LETTERS) and signature of the second account holder  
(Only if two signatures are required)

**X**

Date (YYYY/MM/DD)



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.



**This page must be completed only if the mode of signature of the Electronic application is paper.**

## Declaration of the representative

The representative declares that:

1. the policyowner 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 personally seen the proposed insureds and the original of the document presented by the policyowner for their identification;
3. they have disclosed in writing to the policyowner the names of all life and health insurance companies on whose behalf they sell products, that they receive commissions 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;
4. they have disclosed in writing to the policyowner any conflict of interest relevant to this application.
5. 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.

**X**

\_\_\_\_\_  
Name (BLOCK LETTERS) and signature of the representative

**X**

\_\_\_\_\_  
Representative code

**X**

\_\_\_\_\_  
Date (YYYY/MM/DD)

**X**

\_\_\_\_\_  
**Quebec only:** Name (BLOCK LETTERS) and signature of supervisor, if required



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.