

200, rue des Commandeurs Lévis (Québec) G6V 6R2

Authorization to Collect and Communicate Personal Information

Insurance Life · Health · Retirement	1-000-047-3000			
Surname of the deceased		First name		
Date of birth (YYYY-MM-DD)		Claim number	Claim number	
For the sole purpose of determining i	nsurability, managing files and pr	rocessing claims, I autho	orize Desjardins Insurance or its reinsurers:	
needed to process the file. This infor	mation may be collected from thi	ird parties, including any	nal information they have about the deceased that is health care professional or establishment, MIB, Inc., e contract holder, his/her employer or his/her former	
			personal information they have about the deceased ath certificate, will search certificate, or beneficiary	
to request, if applicable, an investig are now closed;	ation report about the deceased	I and to use the persona	Il information contained in other files it may have that	
to disclose to other insurers or reins benefits.	urers any information about the o	deceased that is relevan	t to determining his/her eligibility for insurance or for	
This authorization also applies to the applicable to his/her claim. A photoco			on regarding the deceased's dependents, insofar as	
Signature of the beneficiary or the executor(-trix)		Date (YYYY-MM-DD)	Signature of witness	
X		, ,	X	
Address			10-digit phone number	
	Desjard	lins Insurance refers to D	 Desjardins Financial Security Life Assurance Company.	
Desjardins Insurance Life · Health · Retirement	200, rue des Commandeurs Lévis (Québec) G6V 6R2 1-866-647-5088	(Authorization to Collect and Communicate Personal Information	

Surname of the deceased	First name
Date of birth (YYYY-MM-DD)	Claim number

For the sole purpose of determining insurability, managing files and processing claims, I authorize Desjardins Insurance or its reinsurers:

- to collect from any individual, legal entity or public or parapublic organization only the personal information they have about the deceased that is needed to process the 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 contract holder, his/her employer or his/her former employers;
- to disclose to those individuals, legal entities or public or parapublic organizations only the personal information they have about the deceased that is needed to manage the file. Such information may include the deceased's will, death certificate, will search certificate, or beneficiary designation, if applicable;
- to request, if applicable, an investigation report about the deceased and to use the personal information contained in other files it may have that are now closed;
- to disclose to other insurers or reinsurers any information about the deceased that is relevant to determining his/her eligibility for insurance or for

This authorization also applies to the collection, use and communication of personal information regarding the deceased's dependents, insofar as applicable to his/her claim. A photocopy of this authorization is as valid as the original.

Signature of the beneficiary or the executor(-trix)	Date (YYYY-MM-DD)	Signature of witness
X		X
Address		10-digit phone number