

FOREIGN DEATH QUESTIONNAIRE

FINANCIAL SERVICES INCLUDING INSURANCE, ANNUITIES, CREDIT AND RELATED SERVICES

Information about the deceased				
Deceased's last name and first name			Policy number	
Last address in Canada				
			Postal code	
Date of birth	Citizenship		Passport number - Please enclose the original passport	
2. Information about travel				
Date the deceased left Canada			Planned date of return to Canada	
Intended itinerary			Purpose of trip	
Airline used when departing Canada			Flight number	
Departure airport			Arrival airport	
Was a return flight booked? ☐ Yes ☐ No If "Yes", provide ticket information - Please enclose the return ticket				
2 Information object the deat	I-			
3. Information about the deat				
Foreign address at the time of death				
Exact place of death		Date and time of death		
Exact cause of death				
4. Accidental death				
Description of accident				
Name(s) and address(es) of witness(es)				
Name of police officer or police department involved - If applicable, please enclose a copy of the police report				

5. Death from natural causes					
Nature of illness					
Date of onset of illness					
6. In both cases					
Name of any hospital where the deceased was taken					
Name(s) of attending physicians					
Name of physician certifying death					
Autopsy? ☐ Yes ☐ No	Coroner's inquest? ☐ Yes ☐ No				
Was there any help from the consulate or the embassy? \square Yes \square No \square If "Yes", please indicate the name(s) of the individual(s) who provided assistance					
Please provide more details for any of the above questions to which you answered "Yes".					
7. Burial or cremation					
The deceased was: ☐ buried ☐ cremated					
Where did this occur?					
What documentation was obtained?					
Names and addresses of two people not related to the deceased who were present					
8. Information about the claimant					
Claimant's last name and first name	Social insurance number				
Address					
	Postal code				
Relationship Date of birth					
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I certify that the information given is complete and true					
Signature	Date				

PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS 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 DFS 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 Financial Security Life Assurance Company, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2.

DFS can send promotional information or offer new products to individuals whose names appear on its client list. DSF 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 DFS.

DFS 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 DFS's policies and practices regarding the transfer of personal information outside of Canada, visit the DFS Website at www.desjardinslifeinsurance.com or write to the DFS 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.