

Name of insured: \_\_\_\_\_

Group insurance contract number: \_\_\_\_\_

Certificate number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I the undersigned am applying for an advance secured by the assignment of this contract, and I am providing to Desjardins Financial Security Life Assurance Company (hereinafter called the Insurer) the medical documentation to support my application.

Amount of living benefits requested \$ \_\_\_\_\_ - This amount is subject to the Insurer's approval.

Unless otherwise stipulated below, the insured recognizes that this living benefit is an advance secured by the contract, plus interest at the rate determined by the Insurer on the date the application was approved, if applicable. The amount of this advance, including accrued interest, will be deducted from the amount of insurance payable upon the insured's death. The insured acknowledges receiving such a sum, and discharges the Insurer in respect of this amount.

If the beneficiary is designated as revocable, the insured recognizes that this beneficiary has been revoked for the amount of the advance plus accrued interest. If the beneficiary is designated as irrevocable, his/her signature is required to acknowledge that s/he has been partially revoked.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of insured

\_\_\_\_\_  
Name(s) of the irrevocable beneficiary/beneficiaries

\_\_\_\_\_  
Signature(s) of the irrevocable beneficiary/beneficiaries

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Signature of witness

**Space reserved for Desjardins Financial Security Life Assurance Company**

Amount of insurance on \_\_\_\_\_

Considering that the insured has submitted an application for living benefits for the sum insured to the Insurer and considering his/her state of health and the supporting documentation provided, Desjardins Financial Security Life Assurance Company:

- denies the application.
- approves the application subject to the following conditions:

\$ \_\_\_\_\_ advance given on \_\_\_\_\_ at the annual interest rate of \_\_\_\_\_%.

Signed by \_\_\_\_\_

On \_\_\_\_\_



President and  
Chief Operating Officer

## Special conditions

### Eligibility criteria

The complete medical file of the insured must accompany this application and show that the insured's health condition is medically incurable and that his/her life expectancy is limited to one year at the most. The Insurer reserves the right to require other supporting documentation in addition to that provided at the time of the application. The Insurer may also entrust the file review to a physician of its choice.

### Maximum advance given

Based on the contract provisions.

### Interest rate on the advance

The interest rate determined by the Insurer is based on the annual rate of return for one-year guaranteed investment certificates issued by Canadian trust companies, as published in the Bank of Canada's monthly or weekly financial statistics (code V80691339), on the date the Insurer approves the application, as the case may be.

### Amount of insurance payable upon death

Upon death, the amount of insurance payable will be calculated as follows:

- the amount of insurance in effect on the date of death and payable according to contract provisions
- **less**
- the advance given under the living benefit agreement plus interest accrued to the date of death.



President and  
Chief Operating Officer