

REQUEST FOR CONVERSION

A - STATEMENT OF POLICYHOLDER – Please print

Name of policyholder		Group number	Certificate number
Last name of member	First name	Date of termination of employment	YYYY MM DD
Will the member be filling a disability claim? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the member recovering from a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Amounts of group life insurance in force		Basic	Optional
	Member	\$	\$
	Spouse	\$	\$
Signature of policyholder		Date	

B - STATEMENT OF MEMBER

Date of birth	YYYY	MM	DD	Sex	Telephone number
				<input type="checkbox"/> M <input type="checkbox"/> F	()
Address of member - No., street, apt.		City	Province	Postal code	
Last name of spouse	First name	Date of birth	Sex		
		YYYY	MM DD	<input type="checkbox"/> M <input type="checkbox"/> F	
Amount applied for, in accordance with the conversion right	Member: \$	Spouse: \$			
<p>The <u>minimum</u> amount that can be converted is \$1,000.</p> <p>The <u>maximum</u> amount that can be converted is the lesser of \$200,000 or the total amount of insurance in force shown above.</p> <p>Other restrictions may apply if transferring to another group plan.</p> <p>Your group life insurance stays in force 31 days following the date of termination of employment or of affiliation with a group, subject to certain restrictions. The individual policy becomes effective only at the end of this 31 day period.</p> <p>The request for conversion must be received at Desjardins Financial Security's Head Office no later than 31 days from the date of termination listed above. (Please note that this form is not the conversion application.)</p>					
Signature of member		Date			

ADMINISTRATIVE USE ONLY

The beneficiary information is included on the original application.					
Type of individual policy				Payment received	
<input type="checkbox"/> 1 Year term	<input type="checkbox"/> Term to age 65	<input type="checkbox"/>	\$		
Name of field office	Field office code	Effective date of conversion	Converted policy number		
		YYYY MM DD			
Group coverage confirmed by	Date	Individual new business	Date		

WHITE AND YELLOW - Desjardins Financial Security PINK - Member
ELECTRONIC VERSION - Please send the original to Desjardins Financial Security and give a copy to the member