

## 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 filing 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		<b>Basic</b>	<b>Optional</b>	<b>Total insurance in force</b>
	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	YYYY	MM	DD
					Sex
					<input type="checkbox"/> M <input type="checkbox"/> F
Amount applied for, in accordance with the conversion right	Member: \$	Spouse: \$			
<p><b>The <u>minimum</u> amount that can be converted is \$1,000.</b></p> <p><b>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.</b></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. <b>(Please note that this form is not the conversion application.)</b></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	YYYY	MM	DD
Converted policy number					
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