

Surname of the deceased		First name	
Date of birth (YYYY-MM-DD)		Claim number	
<p>For the sole purpose of determining insurability, managing files and processing claims, I authorize Desjardins Insurance or its reinsurers:</p> <ul style="list-style-type: none"> <li>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;</li> <li>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;</li> <li>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;</li> <li>to disclose to other insurers or reinsurers any information about the deceased that is relevant to determining his/her eligibility for insurance or for benefits.</li> </ul> <p>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.</p>			
Signature of the beneficiary or the executor(-trix) <b>X</b>		Date (YYYY-MM-DD)	Signature of witness <b>X</b>
Address		10-digit phone number	

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

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