



**Desjardins
Financial Security**
life, health, retirement



**ONTARIO
PHARMACISTS
ASSOCIATION**
Advocating Excellence
in Practice and Care

Request for Policyholder Service

Policyowner: _____

Policy Number: 60080 Certificate: _____

Desjardins Financial Security Life Assurance Company (herein called the “Company”) is requested and authorized to do the following:

A - Assign the policy for collateral purposes

This assignment does not terminate the existing beneficiary designation. The assignee shall be included as a joint payee on the payment of any policy proceeds. The interest of the assignee is limited to the amount required to satisfy the policyowner’s obligation to the person/entity. Unless specifically requested in writing to do otherwise, the Company will make no changes in the notices respecting this policy.

Amount of life insurance to be assigned: _____

To: _____

Address: _____

B - Release assignment

From: _____

Address: _____

Signature of Policyowner

Date

Signature of Witness

Signature of Present Beneficiary *(if required)*

Date

Signature of Witness
