



**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 <i>(if required)</i>	Date	Signature of Witness