

Financial centre no.	Advisor's no.
Contract no.	
Name of primary insured	
Insured's date of birth _____ / _____ / _____ year month day	

**PERSONAL FINANCIAL QUESTIONNAIRE**  
CONFIDENTIAL

TO BE COMPLETED FOR INSURANCE COVERAGES (NEW AND IN FORCE) WHERE THE TOTAL AMOUNT OF LIFE INSURANCE IS \$1,250,000 OR MORE AND FOR CRITICAL ILLNESS INSURANCE COVERAGE WHERE THE TOTAL AMOUNT OF CRITICAL ILLNESS INSURANCE IS \$500,001 OR MORE.

A FINANCIAL STATEMENT MAY BE USED IN LIEU OF THIS QUESTIONNAIRE. FOR LIFE AMOUNTS (NEW AND IN FORCE) GREATER THAN \$2,000,000 AND CRITICAL ILLNESS INSURANCE AMOUNTS OF \$1,000,000 OR MORE, A FINANCIAL STATEMENT IS REQUIRED.

**ANNUAL PERSONAL INCOME (last 2 years) ACCORDING TO TAX RETURNS**

**1. INCOME**

Income	Year _____	Year _____
Salary	\$ _____	\$ _____
Business profits reported as personal income	\$ _____	\$ _____
Bonuses	\$ _____	\$ _____
Commissions	\$ _____	\$ _____
Pension plan/Dividends	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____

**CALCULATION OF NET PERSONAL INCOME**

**2. ASSETS**

Savings	\$ _____
Property	
Residence	\$ _____
Other	\$ _____
Company assets	\$ _____
% company shares	_____ %
Investments	\$ _____
Other (specify)	\$ _____

**3. LIABILITIES**

Mortgages	\$ _____
Loans	\$ _____
Other (specify)	
	\$ _____
	\$ _____
	\$ _____

**TOTAL ASSETS**

\$ \_\_\_\_\_

**TOTAL LIABILITIES**

\$ \_\_\_\_\_

**NET WORTH**

\$ \_\_\_\_\_

4. Have you submitted an insurance application to another company (other companies)?  YES (specify)  NO

Name of the company or companies	Requested amount LIFE	Requested amount CRITICAL ILLNESS	PURPOSE	
			Personal	Business
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

5. Will you take out all the coverage for which you are approved?

YES

NO

If not, what amount will you take out?

\$ \_\_\_\_\_

I confirm that the statements above are complete and true, and that they are an integral part of the insurance application I submitted to Desjardins Financial Security Life Assurance Company.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of the person to be insured