


Information to be provided

To file a complaint with Desjardins Financial Security's Dispute Resolution Officer please fill out this form to **the best of your knowledge** and mail it to: disputeofficer@dfs.ca

**Dispute Resolution Officer
Desjardins Financial Security
200 rue des Commandeurs
Levis, Quebec G6V 6R2**

 **Information to be provided** – You may include copies instead of the originals of your documents that you consider pertinent or necessary to the review of your complaint.

Processing time

The Dispute Resolution Officer or his staff will contact you or will send you acknowledgement of receipt within five days of receiving your complaint. Moreover, you will receive the results of the review of your complaint within 90 days of receipt or as soon as the Dispute Resolution Officer has obtained all the necessary information for this review.

The Dispute Resolution Officer or his staff may want to contact you directly. We ask that you include your e-mail address or telephone number where you may be reached in the section of the form provided for this purpose.

Assistance

Should you require additional information or assistance to complete this form, please call the office of the Dispute Resolution Officer during our regular business hours (Eastern Standard Time) at the toll-free number: 1-877-838-8185.

Personal information concerning the person filing the complaint

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First name	Last name	
Address (No. and street, apt.)			
City	Province	Country	Postal Code
Date of birth (YYYY-MM-DD)		Telephone (home)	
Is it possible to reach you during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail address	Telephone (work)	Extension

Personal information concerning the person filing a complaint on behalf of someone else

- Desjardins Financial Security cannot release information concerning one of its clients without his/her authorization, even if this is a family member. To give us this authorization, our client can complete and send the appropriate *Authorization for the Collection and Release of Personal Information to Third Parties* that can be found in the "Problems and Complaints" section of our Web site.
- If you are acting as the insured's agent/mandatary, guardian/tutor or estate executor/liquidator, you must provide us with a copy of the applicable power of attorney/mandate, will or notarized document identifying you as such.

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First name	Last name	
Address (No. and street, apt.)			
City	Province	Country	Postal Code
Date of birth (YYYY-MM-DD)		Telephone (home)	
Is it possible to reach you during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail address	Telephone (work)	Extension
Relationship with the insured (Spouse, parent, child, estate executor/liquidator, agent/mandatary, etc.)			

Product-related information

Product name

Account, policy or certificate number

Name of company that issued this product (Desjardins Financial Security, Desjardins Life Assurance, Imperial Life, Laurier Life Insurance, La Sauvegarde, Laurentian Life Assurance, etc.)

Name of policyholder, if this is group insurance or retirement savings plan or a plan taken out by a group (Spouse, employer, labour union, association, etc.)

Name of the caisse or bank branch, if this is insurance sold in a Desjardins caisse or another financial institution

Names of the representative and the company, where applicable, if this is an insurance or savings product sold by a representative

Description of your complaint

Explain the nature of your complaint. Indicate the facts that led to the problem. (If necessary, attach additional pages.)

Previous interventions

Have you already contacted anyone working at Desjardins Financial Security with regards to your present complaint?
If so, please indicate the name of this person and the date you contacted him/her.

Name	Date (YYYY-MM-DD)
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Your expectations

What results do you expect to obtain?

What solution do you propose?

Please sign and date this form.

X _____
Signature

Date (YYYY-MM-DD)