



BANK / POSTAL MONEY ORDER (EXCEPTIONALLY)
BANK DRAFT (CONDITIONALLY)
PAYMENT DECLARATION (TO BE COMPLETED BY PAYER)

SSQ, Life Insurance Company Inc., 1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9

Policy Information

Policy number

Policyowner

Payer Identification

Name

| Y | Y | Y | Y | M | M | D | D |

Date of Birth

Relationship with the insured

Payer's Supporting Document

This section must be completed by the financial security advisor/representative. If he/she is not present, do not complete this section.

The financial security advisor/representative must:

- verify the identity of the payer;
- review the applicable document indicated below for that person (must be a government issued photo identification document). In Quebec, you are not allowed to request the client's Health Card, but you can accept it only if the client offers it to you. In the provinces of Ontario, Manitoba, Nova Scotia and Prince Edward Island, the use of a Health Card for identification purposes is prohibited;
- indicate, for each payer, which of the required documents has been reviewed, its number, its expiration date and jurisdiction. The identifying document must be an unexpired original. If the document is "Other photo identification document admissible by Law", please specify the type of document verified.

☐ Driver's licence ☐ Passport ☐ Citizenship card with photo

☐ Other photo identification document admissible by Law (specify):

Name of the payer (as appearing on the document)

| Y | Y | Y | Y | M | M | D | D |

Document number

Jurisdiction

Document expiration date

Payment

Name of Financial Institution

Bank Account Number (source of funds)

Name of Account Holder

| Y | Y | Y | Y | M | M | D | D |

Amount of Payment

Date of Payment

Reason for Paying by Draft or Money Order

Consent and Signatures of the payer(s)

I (We) authorize the Canadian financial institution mentioned above to provide the insurance company SSQ, Life Insurance Company Inc. with a written confirmation indicating that the funds used for the bank draft / postal money order have been taken from my (our) personal / corporate account, and I (we) confirm that no third parties have taken any part in this transaction.

I (We) authorize SSQ, Life Insurance Company Inc., when required by law, to ascertain my (our) identity by means of a reliable and independent identification product and/or any other method provided by law.

X

Payer's Signature

| Y | Y | Y | Y | M | M | D | D |

Date

X

Payer's Signature

| Y | Y | Y | Y | M | M | D | D |

Date

Declaration of the Financial Security Advisor/Representative

By signing below, you attest that you have seen the original documents provided by the payers confirming their identity and that these documents are non-expired and valid.

Full name of the Financial Security Advisor/Representative

Financial Security Advisor/Representative No.

X

Signature of the Financial Security Advisor/Representative

| Y | Y | Y | Y | M | M | D | D |

Date

Acceptance of this bank draft or postal money order is subject to approval by SSQ, Life Insurance Company Inc.