

The present form must be duly completed, signed and sent to SSQ, Life Insurance Company Inc.
A copy of this form along with a confirmation letter will be sent to the new policyowner(s).

Policy number	Name of current policyowner(s)	Name of insured(s)
	1. _____	1. _____
	2. _____	2. _____

Instructions:

The new policyowner(s) must complete sections A, B, C or D, according to the type of transfer of ownership.

A – Transfer of ownership in favor of an **INDIVIDUAL**.

- ➔ For a whole life insurance, section A2 is required for each new policyowner.
- ➔ For a universal life insurance, sections A2, A3, A4 and K are required for each new policyowner.

B – Transfer of ownership in favor of a **CORPORATION OR ANOTHER TYPE OF ENTITY**.

- ➔ For a whole life insurance, the *Declaration of Tax Residence (Self-Certification) – Entity* (FRA1748A) form is required.
- ➔ For a universal life insurance, the *Verification of the existence (identity) of corporations and other entities* (FRA1235A) form is required.

C – Transfer of ownership in favor of a **TRUST OR ESTATE**.

- ➔ For a whole life insurance, the *Declaration of Tax Residence (Self-Certification) – Entity* (FRA1748A) form is required.
- ➔ For a universal life insurance, the *Verification of the existence (identity) of corporations and other entities* (FRA1235A) form is required.

D – Transfer of ownership in favor of a **NON-PROFIT ORGANIZATION**.

- ➔ For a whole life insurance, the *Declaration of Tax Residence (Self-Certification) – Entity* (FRA1748A) form is required.
- ➔ For a universal life insurance, the *Verification of the existence (identity) of corporations and other entities* (FRA1235A) form is required.

The following sections must also be completed.

- | | |
|---|---|
| E – Contingent/Successor policyowner (if applicable) | J – Payment of premiums |
| F – Current policyowner(s) – declarations, required documents, consent and signatures | K – Third party determination (applicable for universal life insurance) |
| G – Signature of the irrevocable beneficiary(ies) (if applicable) | L – Designation of the new beneficiary(ies) |
| H – Consent of the assignee(s) (if applicable) | M – New Policyowner(s) – Declarations, Consent and Signatures |
| I – Consent of the trustee in bankruptcy (if applicable) | N – Declarations of the Financial Security Advisor/Representative |
| | O – Pre-authorized debit (if applicable) |

A – NEW POLICYOWNER(S): Complete the appropriate section according to the type of new policyowner

A - INDIVIDUAL B - CORPORATION OR OTHER TYPE ENTITY C - TRUST OR ESTATE D - NON-PROFIT ORGANIZATION

A1 – Individual policyowner 1	A1 – Individual policyowner 2
<div>Name of new policyowner 1</div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>M</div><div>M</div><div>D</div><div>D</div></div> <div>Date of birth</div>	<div>Name of new policyowner 2</div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>M</div><div>M</div><div>D</div><div>D</div></div> <div>Date of birth</div>
<div>Relationship with the insured</div>	<div>Relationship with the insured</div>
<div>Full home address</div>	<div>Full home address</div>
<div>Civic number and street name</div> <div>Apt.</div>	<div>Civic number and street name</div> <div>Apt.</div>
<div>City</div>	<div>City</div>
<div>Province</div> <div>Postal code</div>	<div>Province</div> <div>Postal code</div>
<div>Telephone (residential)</div> <div>Telephone (cellular)</div>	<div>Telephone (residential)</div> <div>Telephone (cellular)</div>
<div>For a universal life insurance</div>	<div>For a universal life insurance</div>
<div>Principal business or detailed occupation and field of activity (if retired, indicate the last profession and field of activity)</div>	<div>Principal business or detailed occupation and field of activity (if retired, indicate the last profession and field of activity)</div>
<div>Name of employer</div>	<div>Name of employer</div>
<div>Employment status (e.g. employee, executive, owner, self-employed, etc.)</div>	<div>Employment status (e.g. employee, executive, owner, self-employed, etc.)</div>

Whole life insurance and universal life insurance (required for each new policyowner - individual)

- ➔ Whole life insurance: Complete section A2
- ➔ Universal life insurance: Complete sections A2, A3, A4 and K

A2 – Declaration of Tax Residence of policyowner(s) – Individual (self-certification)

(applicable for whole life insurance and universal life insurance)

The information provided on the Declaration of Tax Residence section must be correct and complete. The policyowner(s) must provide SSQ, Life Insurance Company Inc. with a new tax residence declaration within 30 days of any change in circumstances that causes the information on this form to be incomplete or inaccurate (for example, changing a bank account for one in a financial institution in a country other than Canada or the United States, changing an address for an address in a country other than Canada or the United States, etc.).

Policyowner 1 – Individual	Policyowner 2 – Individual
<p>Check (✓) all options that apply to you:</p> <p><input type="checkbox"/> I am a tax resident of Canada</p> <p><input type="checkbox"/> I am a tax resident of a jurisdiction other than Canada or the United States ➔ If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A)</i> is required.</p> <p><input type="checkbox"/> I am a tax resident of the United States ➔ If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A)</i> is required.</p>	<p>Check (✓) all options that apply to you:</p> <p><input type="checkbox"/> I am a tax resident of Canada</p> <p><input type="checkbox"/> I am a tax resident of a jurisdiction other than Canada or the United States ➔ If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A)</i> is required.</p> <p><input type="checkbox"/> I am a tax resident of the United States ➔ If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A)</i> is required.</p>

A3 – Identity of policyowner(s) – Individual (applicable for universal life insurance)

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 **in person** the identity of each policyowner, as required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*;
- 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 policyowner, 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.

Policyowner 1 – Individual	Policyowner 2 – Individual																
<p>_____</p> <p>Name of the policyowner (as appearing on the document)</p> <p><input type="checkbox"/> Driver’s licence <input type="checkbox"/> Passport <input type="checkbox"/> Citizenship card with photo</p> <p><input type="checkbox"/> Other photo identification document admissible by Law (specify): _____</p> <p>_____</p> <p>Document number Jurisdiction</p> <p><table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table></p> <p>Document expiration date</p>	Y	Y	Y	Y	M	M	D	D	<p>_____</p> <p>Name of the policyowner (as appearing on the document)</p> <p><input type="checkbox"/> Driver’s licence <input type="checkbox"/> Passport <input type="checkbox"/> Citizenship card with photo</p> <p><input type="checkbox"/> Other photo identification document admissible by Law (specify): _____</p> <p>_____</p> <p>Document number Jurisdiction</p> <p><table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table></p> <p>Document expiration date</p>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D										
Y	Y	Y	Y	M	M	D	D										

A4 – Purpose of Insurance – Individual (applicable for universal life insurance)

Personal insurance

- ☐ Income / Loan Protection ☐ Estate conservation ☐ Charitable donations

B – Corporation or other type of entity

For a whole life insurance, you must also complete the Declaration of Tax Residence (Self-Certification) – Entity (FRA1748A) form.
For a universal life insurance, you must also complete the Verification of the existence (identity) of corporations and other entities (FRA1235A) form.

Full legal name of the corporation or entity

Corporation or entity's key activity

Relationship between corporation or entity and the insured

Full address

Last name and first name of administrator 1

Last name and first name of administrator 2

Last name and first name of administrator 3

Last name and first name of administrator 4

C – Trust or Estate

For a whole life insurance, you must also complete the Declaration of Tax Residence (Self-Certification) – Entity (FRA1748A) form.
For a universal life insurance, you must also complete the Verification of the existence (identity) of corporations and other entities (FRA1235A) form.

Name of the trust or the estate

Relationship between the trust or the estate and the insured

Full address

Full name of the trustee(s), beneficiaries and settlors of the Trust OR liquidators and beneficiaries of the estate *	Full address	Profession/occupation
1.		
2.		
3.		
4.		

*This sub-section should not be completed when the Verification of the existence (identity) of corporations and other entities (FRA1235A) form is required.

D – Non-Profit Organization

For a whole life insurance, you must also complete the Declaration of Tax Residence (Self-Certification) – Entity (FRA1748A) form.
For a universal life insurance, you must also complete the Verification of the existence (identity) of corporations and other entities (FRA1235A) form.

Name of the organization

Full address

Relationship between organization and the insured

Does the organization solicit the general public for monetary donations ☐ Yes ☐ No

What is the organization's key activity? _____

Is the policyowner a non-profit organization registered with the Canada Revenue Agency (CRA)?

☐ Yes ➔ If YES, indicate the CRA registration number: _____ ☐ No

E – Contingent/Successor Policyowner

Upon the death of a policyowner, the rights and interests of such deceased policyowner in the policy shall be transferred to the contingent / successor policyowner designated in this section.

<div>_____</div> <div>First and last name of contingent / successor policyowner 1</div>		<div>_____</div> <div>First and last name of contingent / successor policyowner 2</div>	
<div>_____</div> <div>Relationship to insured</div>	<div>Y Y Y Y M M D D </div> <div>Date of birth</div>	<div>_____</div> <div>Relationship to insured</div>	<div>Y Y Y Y M M D D </div> <div>Date of birth</div>

Declarations and signatures

- you declare that the information provided in this form is accurate and complete.
- for a corporation or other entity, trust or estate, please refer to section H for the required documents according the type of policyowner.

X	<div>_____</div> <div>Signature of the policyowner, authorized signatory, trustee or liquidator *</div>	<div>Y Y Y Y M M D D </div> <div>Date</div>
X	<div>_____</div> <div>Signature of the policyowner, authorized signatory, trustee or liquidator *</div>	<div>Y Y Y Y M M D D </div> <div>Date</div>

* The signature of the **new policyowner** is required when the designation of the contingent/successor policyowner is requested with the transfer of ownership.
The signature of the **current policyowner** is required when the designation of the contingent/successor policyowner is the only request.

F – Current Policyowner(s) – declarations, required documents, consent and signatures

Declarations

The transfer of ownership may have tax consequences, such as a loss of preferential tax treatment or a gain on transfer. The Income Tax Act contains the criteria used to determine whether persons deal with each other at arm's length or at non-arm's length which are too lengthy to be reproduced in its entirety.

In order for SSQ, Life Insurance Company Inc. to determine if there are tax consequences, complete the information below. If there is a tax consequence, a T5 slip and Relevé 3 (Quebec) will be sent to the previous policyowner who requested the transfer of ownership.

	Yes	No								
1) Is this transfer of ownership in favor of a spouse or common-law partner? – If YES , proceed to question 3) – If NO , proceed to question 2)	<input type="checkbox"/>	<input type="checkbox"/>								
2) Is this transfer of ownership in favor of a former spouse or former common-law partner further to settlement of rights arising out of, or on the breakdown of the marriage, civil union or common-law relationship (pursuant to a decree, order of judgement of a competent tribunal or under a written separation agreement)? – If YES , provide the date of separation: <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> and proceed to question 3) – If NO , proceed to question 3)	Y	Y	Y	Y	M	M	D	D	<input type="checkbox"/>	<input type="checkbox"/>
Y	Y	Y	Y	M	M	D	D			
3) Do you and the person(s) to whom your rights are transferred reside in Canada at the time of the transfer?	<input type="checkbox"/>	<input type="checkbox"/>								
4) Has a value of consideration (money received in exchange for the policy) been paid by the new policyowner(s) to the current policyowner(s) for this transfer of ownership? If YES → What is the amount ? _____	<input type="checkbox"/>	<input type="checkbox"/>								

Required documents

The current policyowner is a **CORPORATION OR OTHER ENTITY**:

- enclose the provincial corporate registry when the corporate structure is simple, that is, one or two shareholders and/or administrators; otherwise;
- enclose a resolution confirming the person(s) authorized to proceed on behalf of the company when the ownership structure is complex and/or there are several intermediaries, shareholders and/or administrators.

The current policyowner is a **TRUST**:

- Enclose the trust agreement or an equivalent document (the will for example) confirming the trustees, beneficiaries and settlors of the trust as indicated in section C, along with a decision from the trustees.

A decision from the trustees is not required when the trust agreement indicates the number of trustees required for a decision and these signatures have been received. When the trust agreement does not provide details regarding the authorized persons and the signature of the majority of the trustees have been received. Take note that one of the majority trustees cannot be the beneficiary of the trustee.

The current policyowner is an **ESTATE**:

- Enclose a copy of the death certificate and the last will and testament of the deceased.

If the current policyowner is unfit to sign, a copy of the court-sanctioned power of attorney is required.

Consent and signatures

By signing below, you:

- revoke any existing beneficiary designation(s) and legal heirs or subrogate owner appointments and assign absolutely all rights and interest in the policy number mentioned on the first page of this form **and**
- declare that the information provided in this form is accurate and complete.

1. X _____ Signature of the policyowner, authorized signatory, trustee or liquidator – CURRENT	<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> Date	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D			
2. X _____ Signature of the policyowner, authorized signatory, trustee or liquidator – CURRENT	<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> Date	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D			
_____ Name of the witness (capital letters)	X _____ Signature of the witness	<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> Date	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			

G – Signature of the irrevocable beneficiary(ies) (if applicable)

If the irrevocable beneficiary is deceased, submit their death certificate.

If the signature of the irrevocable beneficiary cannot be obtained, the divorce judgment along with the corollary relief matters are required (applicable in Quebec).

If the irrevocable beneficiary is a child (minor) and as such, the parents cannot sign on their behalf, a court order is required.

If the beneficiary is irrevocable, his signature is required. By signing below, the irrevocable beneficiaries consent to the transfer of ownership and relinquish their rights to the policy number mentioned in this form.

I(we) hereby agree to be revoked as irrevocable beneficiary(ies) of this policy.

_____ Name of the irrevocable beneficiary	X _____ Signature of the irrevocable beneficiary	<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> Date	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			

H – Consent of the Assignee(s) (if applicable)

I(we) consent to the changes requested, all subject to the rights we have as the assignee(s) on this policy.

Name of the assignee(s)	<div></div>	Telephone number	<div></div>
Name and title of authorized signatory (assignee)	X	Signature of the authorized signatory	<div></div>
			Date

I – Consent of the Trustee in bankruptcy (if applicable)

If you are discharged from your bankruptcy, submit a copy of the discharge. Otherwise, the consent of the Trustee (authorized signatory) is required.

Name and title of authorized signatory (Trustee)	<div></div>	Telephone number	<div></div>
X			
Signature of the authorized signatory		Date	<div></div>

J – Premium payments

The new policyowner is responsible for the premium payments.

- ☐ Pre-authorized debit drawn from the same bank account associated with the policy number mentioned on the first page of this form.
- ☐ Pre-authorized debit drawn from a new bank account (same payer) ➡ Enclose a specimen cheque.
- ☐ Change of payer ➡ Enclose a specimen cheque and complete the pre-authorized debit agreement (section O).
- ☐ Payment change to annual.
- ☐ Payment change to monthly ➡ Enclose a specimen cheque and complete the pre-authorized debit agreement (section O).

K – Third party determination (applicable for universal life insurance)

- Is the premium payer different than the policyowner(s)? ☐ Yes ☐ No
- Is there a third party to this contract or is there a third party who will have the use of and/or access to the value of the contract? ☐ Yes ☐ No

If you answered "Yes" to either of these two questions, please complete the "Third party identification" section below:

Third party identification (if applicable)

Name of the third party	<div></div>	Date of birth (if third party is an individual)	<div></div>
Full permanent address of the third party	<div></div>	Telephone number of the third party	<div></div>
Principal business or occupation: provide complete and detailed information, including job title, field of activity, name of employer and status (employee, executive, owner, self-employed, etc.); if retired, provide the details on the last occupation prior to retirement			
Relationship between the third party and the policyowner(s)			
If the third party is a corporation or other type of entity:			
Business Number		Place of issuance of its certificate of constitution	

L – Designation of the new beneficiary(ies)

- The transfer of ownership revokes any existing beneficiary designation(s) when they are revocable. As such, if there is no beneficiary designation, the sums insured will be payable to the policyowner(s) or their estate(s), as the case may be.
- Indicate both the first name and the last name of the person who will receive the sums insured when they become payable under the applicable benefits.
- If more than one beneficiary is designated, indicate the percentage allocated for each beneficiary. The total allocation must be 100%. If the allocated percentages are not indicated, the sums insured will be divided evenly among the surviving eligible beneficiaries.
- Beneficiary designations are revocable, unless stated otherwise. In Quebec however, the designation of a legally married or civil union spouse of the policyowner is irrevocable, unless stated to be revocable.
- When a minor is designated as beneficiary, it is suggested that a trust be constituted for claims purposes. Not applicable in Quebec.
- In Quebec, the surviving parent is always the tutor of the child, unless otherwise stipulated by a court order.
- If minor children are designated as irrevocable beneficiaries, we must obtain a court order or wait until they reach their majority before proceeding with any change to the policy, such as a partial withdrawal, loan, surrender and other related changes.

Beneficiary(ies) for life insurance

Insured 1	Insured 2
<p>_____ %</p> <p>First and last names of beneficiary 1</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>First and last names of beneficiary 1</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p>Contingent beneficiary 1 (In case of death of the beneficiary 1 designated above; the percentage must be equivalent)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>Contingent beneficiary 1 (In case of death of the beneficiary 1 designated above; the percentage must be equivalent)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p>First and last names of beneficiary 2</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>First and last names of beneficiary 2</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p>Contingent beneficiary 2 (In case of death of the beneficiary 2 designated above; the percentage must be equivalent)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>Contingent beneficiary 2 (In case of death of the beneficiary 2 designated above; the percentage must be equivalent)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>

Beneficiary(ies) for life insurance (cont')

Insured 1	Insured 2
<div><div>_____ %</div><div>First and last names of beneficiary 3</div><div>Relationship to insured (in Quebec, relationship to policyowner)</div><div><input type="checkbox"/> Common-law spouse</div><div><input type="checkbox"/> Married/Civil union spouse</div><div><input type="checkbox"/> Other (specify): _____</div><div>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</div></div>	<div><div>_____ %</div><div>First and last names of beneficiary 3</div><div>Relationship to insured (in Quebec, relationship to policyowner)</div><div><input type="checkbox"/> Common-law spouse</div><div><input type="checkbox"/> Married/Civil union spouse</div><div><input type="checkbox"/> Other (specify): _____</div><div>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</div></div>
<div><div>_____ %</div><div>Contingent beneficiary 3 (In case of death of the beneficiary 3 designated above; the percentage must be equivalent)</div><div>Relationship to insured (in Quebec, relationship to policyowner)</div><div><input type="checkbox"/> Common-law spouse</div><div><input type="checkbox"/> Married/Civil union spouse</div><div><input type="checkbox"/> Other (specify): _____</div><div>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</div></div>	<div><div>_____ %</div><div>Contingent beneficiary 3 (In case of death of the beneficiary 3 designated above; the percentage must be equivalent)</div><div>Relationship to insured (in Quebec, relationship to policyowner)</div><div><input type="checkbox"/> Common-law spouse</div><div><input type="checkbox"/> Married/Civil union spouse</div><div><input type="checkbox"/> Other (specify): _____</div><div>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</div></div>
<div><div>_____ %</div><div>First and last names of beneficiary 4</div><div>Relationship to insured (in Quebec, relationship to policyowner)</div><div><input type="checkbox"/> Common-law spouse</div><div><input type="checkbox"/> Married/Civil union spouse</div><div><input type="checkbox"/> Other (specify): _____</div><div>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</div></div>	<div><div>_____ %</div><div>First and last names of beneficiary 4</div><div>Relationship to insured (in Quebec, relationship to policyowner)</div><div><input type="checkbox"/> Common-law spouse</div><div><input type="checkbox"/> Married/Civil union spouse</div><div><input type="checkbox"/> Other (specify): _____</div><div>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</div></div>
<div><div>_____ %</div><div>Contingent beneficiary 4 (In case of death of the beneficiary 4 designated above; the percentage must be equivalent)</div><div>Relationship to insured (in Quebec, relationship to policyowner)</div><div><input type="checkbox"/> Common-law spouse</div><div><input type="checkbox"/> Married/Civil union spouse</div><div><input type="checkbox"/> Other (specify): _____</div><div>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</div></div>	<div><div>_____ %</div><div>Contingent beneficiary 4 (In case of death of the beneficiary 4 designated above; the percentage must be equivalent)</div><div>Relationship to insured (in Quebec, relationship to policyowner)</div><div><input type="checkbox"/> Common-law spouse</div><div><input type="checkbox"/> Married/Civil union spouse</div><div><input type="checkbox"/> Other (specify): _____</div><div>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</div></div>

Beneficiary(ies) for Critical Illness Rider

- If there is no beneficiary designation, the sums insured will be payable to the policyowner(s) for the Critical Illness Rider.

Insured 1	Insured 2
<div><div>First and last names of beneficiary</div><div>Relationship to insured (in Quebec, relationship to policyowner)</div><div><input type="checkbox"/> Common-law spouse</div><div><input type="checkbox"/> Married/Civil union spouse</div><div><input type="checkbox"/> Other (specify): _____</div><div>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</div></div>	<div><div>First and last names of beneficiary</div><div>Relationship to insured (in Quebec, relationship to policyowner)</div><div><input type="checkbox"/> Common-law spouse</div><div><input type="checkbox"/> Married/Civil union spouse</div><div><input type="checkbox"/> Other (specify): _____</div><div>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</div></div>

Beneficiary(ies) for Critical Illness Insurance

- If there is no beneficiary designation, the sums insured will be payable to the policyowner(s) or their estate(s), as the case may be.

Insured 1**First and last names of beneficiary(ies) for critical illness benefit**

Relationship to insured (in Quebec, relationship to policyowner)

☐ Common-law spouse

☐ Married/Civil union spouse

☐ Other (specify): _____

Designation: ☐ Revocable ☐ Irrevocable

Insured 2**First and last names of beneficiary(ies) for critical illness benefit**

Relationship to insured (in Quebec, relationship to policyowner)

☐ Common-law spouse

☐ Married/Civil union spouse

☐ Other (specify): _____

Designation: ☐ Revocable ☐ Irrevocable

First and last names of beneficiary(ies) for Return of Premium on Death benefit (critical illness)

Relationship to insured (in Quebec, relationship to policyowner)

☐ Common-law spouse

☐ Married/Civil union spouse

☐ Other (specify): _____

Designation: ☐ Revocable ☐ Irrevocable

First and last names of beneficiary(ies) for Return of Premium on Death benefit (critical illness)

Relationship to insured (in Quebec, relationship to policyowner)

☐ Common-law spouse

☐ Married/Civil union spouse

☐ Other (specify): _____

Designation: ☐ Revocable ☐ Irrevocable

Beneficiary(ies) for Critical Illness Insurance

- If there is no beneficiary designation, the sums insured will be payable to the policyowner(s) or their estate(s), as the case may be.

Insured 1**First and last names of beneficiary(ies) for Return of Premium on Surrender benefits (critical illness)**

Relationship to insured (in Quebec, relationship to policyowner)

☐ Common-law spouse

☐ Married/Civil union spouse

☐ Other (specify): _____

Designation: ☐ Revocable ☐ Irrevocable

Insured 2**First and last names of beneficiary(ies) for Return of Premium on Surrender benefits (critical illness)**

Relationship to insured (in Quebec, relationship to policyowner)

☐ Common-law spouse

☐ Married/Civil union spouse

☐ Other (specify): _____

Designation: ☐ Revocable ☐ Irrevocable

When a minor is designated as beneficiary, it is suggested that a trust be constituted for claims purposes. Not applicable in Quebec. If a trust is constituted, please complete the information below.

Full Name of trustee

Relationship to insured

M – New Policyowner(s) – Déclarations, Consent and Signatures

By signing below, you:

- declare that the information provided in this form is accurate and complete.
 - declare that the information provided on the Declaration of Tax Residence is correct and complete and agree to provide SSQ, Life Insurance Company Inc. with a new tax residence declaration within 30 days of any change in circumstances that causes the information on this form to be incomplete or inaccurate.
 - authorize SSQ, Life Insurance Company Inc., when required by law, to ascertain my identity by means of a reliable and independent identification product and/or any other method provided by law.
 - declare that the information provided on this form with respect to universal life insurance (if applicable) concerning your contact information, identification information, occupation (including field of activity) and the purpose of insurance, is accurate, complete and has been correctly indicated, and you agree to promptly notify SSQ, Life Insurance Company Inc. or your financial security advisor/representative of any change in this information. In such a case, the financial security advisor/representative will forward the updated information to SSQ, Life Insurance Company Inc. without delay.
-

Name of the new policyowner 1, authorized signatory, trustee or liquidator (capital letters)

X

Signature of the new policyowner 1, authorized signatory, trustee or liquidator

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

Name of the new policyowner 2, authorized signatory, trustee or liquidator (capital letters)

X

Signature of the new policyowner 2, authorized signatory, trustee or liquidator

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

Name of the witness (capital letters)

X

Signature of witness

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

This form is provided for the convenience of our clients and implies no opinion or admission on the part of SSQ, Life Insurance Company Inc. as to the validity of legal effect thereof.

N – Declaration of the Financial Security Advisor/Representative (applicable for universal life insurance)

By signing below, I confirm that I have verified the identity, address and date of birth of the new policyowner(s), authorized signatory(ies), liquidator(s) or trustee(s) **in the presence of each of them** by inspecting an authentic, valid and current (not expired) federal, provincial or territorial government-issued photo identification document, as required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations.

Also, I attest that I have taken reasonable measures to determine whether the policyowner(s) is(are) acting on behalf of a third party.

Furthermore, when the person(s) who has(have) signed this form as policyowner(s) informs (inform) me of an update to their contact information, identification information, occupation (including field of activity) or the purpose of insurance, I agree to inform SSQ, Life Insurance Company Inc. without delay.

I hereby declare that the information provided in this form has been obtained from the new policyowner(s), authorized signatory(ies), liquidator(s) or trustee(s) and that it is accurate and complete to the best of my knowledge.

I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this form whose integrity is ensured has the same legal value as the original.

Full name of the Financial Security Advisor/Representative

Financial Security Advisor/Representative No.

X

Signature of the Financial Security Advisor/Representative

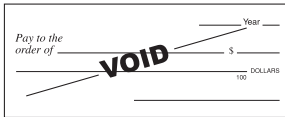
| Y | Y | Y | Y | M | M | D | D |
Date

Day of withdrawal

* If the day of withdrawal specified is the 29th, 30th or 31st, the day of withdrawal will be the 28th.

* Universal life only: If the day of withdrawal specified is after the policy issue date, the day of withdrawal will be automatically changed to coincide with the policy issue date.

Pre-authorized debit agreement

1. I hereby authorize SSQ, Life Insurance Company Inc. to debit my account as per my instructions and/or as detailed in the contract of insurance, for monthly recurring payments and/or one-time payments from time to time, in payment of all charges, including any applicable financing charges and taxes, arising from the contract of insurance.
2. The amount of the pre-authorized debit may be increased or decreased at a later date as a result of endorsements, cancellation, exclusions or renewal of the contract of insurance. I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as variable amount pre-authorized debits. I understand that the same method of payment will apply upon renewal of the contract of insurance, if applicable, unless I notify SSQ, Life Insurance Company Inc. before the renewal date of the contract of insurance.
3. I understand that a financing charge may be applicable and spread over the instalments.
4. If a pre-authorized payment is returned due to insufficient funds (NSF), SSQ, Life Insurance Company Inc., is authorized to re-submit the payment. Any charges incurred as a result of NSF may be added to the subsequent pre-authorized payment.
5. I agree to inform SSQ, Life Insurance Company Inc., by way of a letter, of any change in the account information provided in this Agreement at least ten (10) business days prior to the next debit to my account.
6. I agree to the debiting of my account each month on the day selected in the insurance application or the next business day.
7. I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as Personal.
8. **I agree and understand that SSQ, Life Insurance Company Inc. will not notify me before each withdrawal.**
9. In the event that I instruct SSQ, Life Insurance Company Inc. to change the amount of the pre-authorized debit, I waive the right to receive the required notice.
10. I may cancel this authorization for pre-authorized debits at any time, subject to providing SSQ, Life Insurance Company Inc. with thirty (30) days' notice in writing. I may contact my financial institution about my rights regarding cancellation, or visit www.cdnpay.ca for a sample cancellation form.
11. I understand that SSQ, Life Insurance Company Inc. reserves the right to terminate this Agreement upon fifteen (15) days' notice in writing.
12. Any cancellation of this Agreement will not terminate or otherwise have any bearing on any Agreement that exists with SSQ, Life Insurance Company Inc. whatsoever with respect to any contract of insurance, so long as payment is provided by an alternate method accepted by SSQ, Life Insurance Company Inc.
13. I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
- SSQ, Life Insurance Company Inc.
Premium Accounting
1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9
- Please attach a specimen cheque, on which you have written "VOID", for the account to be debited.
- 

Please attach a specimen cheque,
on which you have written "VOID",
for the account to be debited.

Pay to the order of _____ \$ _____ Year _____
VOID
 _____ DOLLARS
 100

Name of financial institution

Address, city, province and postal code of the branch

Branch Financial institution number Account number

Authorization

Is the account joint? ☐ Yes ☐ No

For a joint account, all account holders must sign if more than one signature is required on cheques issued from the account.

	X	
Name of account holder or authorized person (in capital letters)	Signature	Date

_____ X _____ Y Y Y Y M M D D
 Name of account holder or authorized person Signature Date
 (in capital letters)