

INSTRUCTIONS

The present form must be duly completed, signed and sent to SSQ 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. _____

Beneficiary(ies) – life insurance, critical illness rider and critical illness insurance

- Indicate both the first name and the last name of the person who will receive the sums insured when they become payable under the chosen 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.
- 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
_____ %	_____ %
First and last names of beneficiary 1 Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____	First and last names of beneficiary 1 Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____
Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
_____ %	_____ %
First and last names of beneficiary 2 Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____	First and last names of beneficiary 2 Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____
Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
_____ %	_____ %
Contingent beneficiary 1 (In case of death of the beneficiary 1 designated above; the percentage must be equivalent) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____	Contingent beneficiary 1 (In case of death of the beneficiary 1 designated above; the percentage must be equivalent) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____
Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
_____ %	_____ %
Contingent beneficiary 2 (In case of death of the beneficiary 2 designated above; the percentage must be equivalent) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____	Contingent beneficiary 2 (In case of death of the beneficiary 2 designated above; the percentage must be equivalent) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____
Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

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
<hr/> First and last names of beneficiary Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<hr/> First and last names of beneficiary Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> 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	Insured 2
<hr/> First and last names of beneficiary(ies) for critical illness benefit Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<hr/> First and last names of beneficiary(ies) for critical illness benefit Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<hr/> First and last names of beneficiary(ies) for ROP on Death benefit (critical illness) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<hr/> First and last names of beneficiary(ies) for ROP on Death benefit (critical illness) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<hr/> First and last names of beneficiary(ies) for ROP on Death benefit (critical illness) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<hr/> First and last names of beneficiary(ies) for ROP on Death benefit (critical illness) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> 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

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

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 **TRUST** :

- Enclose the trust agreement or an equivalent document (the will for example) confirming the trustees, beneficiaries and settlors of the trust 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 Date

2. X _____
Signature of the policyowner, authorized signatory, trustee or liquidator Date

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

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.

_____ X _____
Name of the irrevocable beneficiary Signature of the irrevocable beneficiary Date

_____ X _____
Name of the witness Signature of the witness Date

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

If the signature of the irrevocable beneficiary cannot be obtained, the divorce judgement 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.

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) Telephone number

X _____
Signature of the authorized signatory Date

IMPORTANT: This change is registered by SSQ Insurance Company Inc. who assumes no responsibility in relation to the validity, conformity or legality.