

INSTRUCTIONS

Fill in and sign two copies and send to SSQ Insurance Company Inc. for registration.
The Company will return to the owner(s) a registered copy of this document.

INFORMATIONS

Policy number _____
 Insured _____
 Owner(s) _____

I declare that the name of:

Owner: _____ Insured: _____

has been changed for one of the following reasons:

- wedding
- separation
- divorce
- legal change of name
- legal adoption
- error on the application
- other (specify) _____

The name should be read as follows: _____

SIGNED AT	DATE
SIGNATURE OF THE WITNESS	SIGNATURE OF THE OWNER(S)

TO BE USED BY THE HEAD OFFICE

Change registered by SSQ Insurance Company Inc. who will assume no responsibility in relation to the validity, conformity or legality.

DATE OF REGISTRATION	REGISTERED BY
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