

- Please use print or type character to fill up this form.
- This form requires an original signature (requests by fax or e-mail will not be accepted)
- Send this form duly filled to:

SSQ Financial Group (Or use the attached envelope)

Customer service

P.O Box 10500, Ste-Foy station

Québec QC G1V 4H6

I, the undersigned _____ (name of the policy older/participant)

Identified by certificate number _____ date of birth Y, Y, Y, Y | M, M | D, D |

Domiciled at _____

Authorize the Customer Service department of SSQ, Life Insurance Company Inc., to release any personal information about me contained in my insurance case file directly to _____ (name of the authorized person)

_____ (relationship) when said person addresses SSQ Customer Service by telephone or in person.

By signing below, I release SSQ, Life Insurance Company Inc., and its agents from any and all responsibility that could arise from the divulgation of my personal information.

I understand that by signing this authorization to convey my personal information to the person indicated above, this authorization will remain valid and in force until such time as I inform the Customer Service department of SSQ, Life Insurance Company Inc., in writing that I have renounced this authorization. I am responsible for ensuring that this authorization is up-to-date and that it reflects my wishes.

Signed at (Town/City)

Dated Y, Y, Y, Y | M, M | D, D |

Signature of the policy older/participant