

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

| INSTRUCTIONS | |
|---|-----------------------------|
| Fill in and sign two copies and send to SSQ Insurance Company Inc. for registration. | |
| The Company will return to the assignee a registered copy of this document. | |
| INFORMATIONS | |
| | |
| Insurance policy number | |
| Insured(s) | |
| Owner(s) | |
| Cessionary(s) | |
| | |
| | |
| I (we), hereby, surrender the mortgage granted to me(us) by the owner(s) of this contract and the designated beneficiary(s) and surrender all rights which could belong to me(us) in relation to this mortgage. | |
| SIGNED AT | DATE |
| | |
| SIGNATURE OF THE WITNESS | SIGNATURE OF THE CESSIONARY |
| | |
| IMPORTANT Change registered by SSQ Insurance Company Inc. who will assume no responsability in relation to the validity, conformity or legality. | |
| | THE HEAD OFFICE |
| DATE OF REGISTRATION | REGISTERED BY |
| | |