

Transfer of Ownership (Absolute Assignment)

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

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 policyo		Nam	e of insured(s)
	1			
	2		2	
Instructions:	complete sections A, B, C or D, accord	ing to the type of tra	nefor of ownership	
A — Transfer of ownership in favo		ing to the type of tha	lister of ownership.	
	e insurance and universal life insurance, sect		mandatory for each new poli	icyowner.
	r of a CORPORATION OR ANOTHER TYP e insurance and universal life insurance, the		anca (idantity) of corneration	c and other entities (FRA1235A) form
is mandatory.	misurance and universal me msurance, me	verification of the existe	since (identity) of corporations	s and other entities (TNAT255A) Tollin
C — Transfer of ownership in favo				
In the case of whole life is mandatory.	e insurance and universal life insurance, the	Verification of the existe	ence (identity) of corporations	s and other entities (FRA1235A) form
	r of a NON-PROFIT ORGANIZATION .			
The following sections must a	lso be completed.			
E — Contingent/Successor policyo	wner (if applicable)			
	rations, required documents, consent and s	ignatures		
 G – Signature of the irrevocable b H – Consent of the assignee(s) (if 				
I — Consent of the trustee in ban				
J — Payment of premiums				
K – Third party determinationL – Designation of the new bene	ficiary(ies)			
M – New Policyowner(s) – Déclara				
N – Declaration of the Financial S				
O — Pre-authorized debit (if applied	cable)			
A – NEW POLICYOWNER(S)	: Complete the appropriate section ac	ccording to the type o	of new policyowner	
A - INDIVIDUAL B - CORPORATION	ON OR OTHER TYPE ENTITY C - TRUST O	DR ESTATE D - NON-P	ROFIT ORGANIZATION	
A1 – Individual policyowner 1		A1 – Individua	al policyowner 2	
N				
Name of new policyowner 1		Name of new po	Dicyowner 2	
	ctivity (if retired, indicate the last profession)	 Detailed occupa	tion and field of activity (if re	tired, indicate the last profession)
Y Y Y Y M M D D			M M D D	
Date of birth		Date of birth		
		Jake or sine.		
Relationship with the insured		Relationship wit	h the insured	
Full permanent home addres	SS	Full permane	nt home address	
Civic number and street name	Apt.	Civic number an	d street name	Apt.
	·			
City		City		
Province	Postal code	Province		Postal code
Telephone (residential)	Telephone (cellular)	Telephone (resid	lential) Tel	ephone (cellular)

Whole life insurance and universal life insurance: complete sections A2, A3 and A4 (mandatory for each new policyowner)

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

The information provided on the Declaration of Tax Residence section must be correct and complete. The policyowner(s) must provide SSQ, 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, etc.).

Policyowner 1	Policyowner 2
Check (\checkmark) all options that apply to you:	Check (\checkmark) all options that apply to you:
☐ I am a tax resident of Canada	\square I am a tax resident of Canada
☐ I am a tax resident in a jurisdiction other than Canada or the United States → If you check this box, the form Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A) is mandatory.	

A3 – Identity of the policyowner(s)

Business insurance

☐ Buy / Sell agreement

☐ Key person protection

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

☐ Collateral loan (specify the amount: \$ ______)

☐ Other specify: __

- 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	Policyowner 2
None of the collision o	
Name of the policyowner (as appearing on the document)	Name of the policyowner (as appearing on the document)
Is the policyowner a Canadian citizen or a permanent resident (holds a permanent resident card?	Is the policyowner a Canadian citizen or a permanent resident (holds a permanent resident card?
☐ Yes ☐ No	☐ Yes ☐ No
The policyowner must be a Canadian resident.	The policyowner must be a Canadian resident.
☐ Driver's licence ☐ Passport ☐ Citizenship card with photo	☐ Driver's licence ☐ Passport ☐ Citizenship card with photo
☐ Other photo identification document admissible by Law (specify):	☐ Other photo identification document admissible by Law (specify):
Document number Jurisdiction	Document number Jurisdiction
Document expiration date SIN*	Document expiration date SIN*
* Social Insurance Number (SIN) required for tax purposes (applicable for whole life and univer	sal life insurance products).
A4 Dunas of insurance	
A4 – Purpose of insurance	
Personal insurance	
☐ Income / Loan Protection ☐ Estate conservation ☐ Charitable donations	

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☐ Estate planning

In the case of whole life insurance and universal life insurance, you must alsentities (FRA1235A) form.	o complete the Verification of the existence (ic	lentity) of corporations and other
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		
In the case of whole life insurance and universal life insurance, you must als entities (FRA1235A) form.	o complete the Verification of the existence (id	lentity) of corporations and other
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 (FRA123	(5A) form is required.
D – Non-Profit Organization		
Name of the organization		
Full address		
Relationship between organization and the insured		
Does the organization solicit the general public for monetary donations	□No	
What is the organization's key activity?		
Is the policyowner a non-profit organization registered with the Canada Revenue A	gency (CRA)?	
☐ Yes → If YES, indicate the CRA registration number: ☐ N	No	

B – Corporation or other type of entity

E – Contingent/Successor P	olicyowner		
Upon the death of a policyowner, designated in this section.	the rights and interests of such deceased policy	owner in the policy shall be trans	ferred to the contingent / successor policyowner
First and last name of contingent /	successor policyowner 1	First and last name of contingent	/ successor policyowner 2
	[Y , Y , Y , Y M , M D , D		[Y , Y , Y , M , M , D , D]
Relationship to insured	Date of birth	Relationship to insured	Date of birth
Declarations and signatures			
- you declare that the information p	provided in this form is accurate and complete.		
- for a corporation or other entity, t	rust or estate, please refer to section H for the rec	quired documents according the typ	e of policyowner.
X			Y
Signature of the policyowner, aut	horized signatory, trustee or liquidator *		Date
X			LV V V V IM MID D
/\			Y , Y , Y , Y M , M D , D

Date

Signature of the policyowner, authorized signatory, trustee or liquidator *

^{*} The signature of the **new policyowner** is required when the designation of the contingent/successor policyowner is requested <u>with</u> the transfer of ownership. The signature of the **current policyowner** is required when the designation of the contingent/successor policyowner is the <u>only</u> 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 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	INO
 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) 		
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: Y Y Y Y M M D D and proceed to question 3) If NO, proceed to question 3) 		
3) Do you and the person(s) to whom your rights are transferred reside in Canada at the time of the transfer?		
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?		

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	Y , Y , Y , M , M , D , D
Signature of the policyowner, authorized signatory, trustee or liquidator - CURRENT	Date
2. X	[Y , Y , Y , Y M , M D , D]
Signature of the policyowner, authorized signatory, trustee or liquidator - CURRENT	Date

G – 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	Y Y Y Y M M D D
Name of the irrevocable beneficiary	Signature of the irrevocable beneficiary	Date
	X	Y Y Y Y M M D D
Name of the witness (capital letters)	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.

H – Consent of the Assignee(s) (if applicable)			
I(we) consent to the changes requested, all subject to the	e rights we have as the assignee	e(s) on this policy.	
Name of the assignee(s)		number	
	X		Y
Name and title of authorized signatory (assignee)	Signature of the authoriz	ed signatory	Date
I – Consent of the Trustee in bankruptcy (if applie	cable)		
If you are discharged from your bankruptcy, submit a copy of the c	discharge. Otherwise, the consent of	the Trustee (authorized	signatory) is required.
	1 .		1
Name and title of authorized signatory (Trustee)	Telephone	e number	
X	Y	Y	, D
Signature of the authorized signatory	Date		
J – Premium payments			
The new policyowner is responsible for the premium payments.			
☐ Pre-authorized debit drawn from the same bank account asso	ociated with the policy number ment	ioned on the first page	of this form.
☐ Pre-authorized debit drawn from a new bank account (same			
☐ Change of payer → Enclose a specimen cheque and com		·	
☐ Payment change to annual.	· · · · · · · · · · · · · · · · · · ·	,	
☐ Payment change to monthly → Enclose a specimen cheque	e and complete the pre-authorized de	ebit agreement (section	0).
K – Third party determination			
1. Is the premium payer different than the policyowner(s)?	Yes □ No		
2. Is there a third party to this contract or is there a third party v		ss to the value of the co	ontract? 🗆 Yes 🗆 No
If YES, provide information on the premium payer and/or			
Thi	ird Party Identification (if applic	able)	
			Y Y Y Y M M D D
Name of the third party			Date of birth (if third party is an individual)
Full permanent address of the third party			
Principal business or detailed occupation and field of activity (if re	tired, indicate the last profession)	Relationship be	etween 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
First and last names of beneficiary 1	First and last names of beneficiary 1
Relationship to insured (in Quebec, relationship to policyowner) Common-law spouse Married/Civil union spouse Other (specify):	Relationship to insured (in Quebec, relationship to policyowner) Common-law spouse Married/Civil union spouse Other (specify):
Designation: Revocable Irrevocable	Designation: Revocable Irrevocable
%	9/0
First and last names of beneficiary 2 Relationship to insured (in Quebec, relationship to policyowner) Common-law spouse Married/Civil union spouse Other (specify):	First and last names of beneficiary 2 Relationship to insured (in Quebec, relationship to policyowner) Common-law spouse Married/Civil union spouse Other (specify):
Designation: Revocable Irrevocable	Designation: Revocable Irrevocable
%	9/0
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) Common-law spouse Married/Civil union spouse 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) Common-law spouse Married/Civil union spouse Other (specify):
Designation: ☐ Revocable ☐ Irrevocable	Designation: Revocable Irrevocable
%	0/
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) Common-law spouse Married/Civil union spouse 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) Common-law spouse Married/Civil union spouse Other (specify):
Designation: ☐ Revocable ☐ Irrevocable	Designation: Revocable Irrevocable
Beneficiary(ies) for Critical Illness Rider - If there is no beneficiary designation, the sums insured will be payable to the policyow	ner(s) for the Critical Illness Rider.
Insured 1	Insured 2
First and last names of beneficiary Relationship to insured (in Quebec, relationship to policyowner) Common-law spouse Married/Civil union spouse Other (specify):	First and last names of beneficiary Relationship to insured (in Quebec, relationship to policyowner) Common-law spouse Married/Civil union spouse Other (specify):
Designation: Revocable Irrevocable	Designation: Revocable Irrevocable

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Beneficiary(ies) for Critical Illness Insurance - If there is no beneficiary designation, the sums insured will be payable to the policyowr	ner(s) or their estate(s), as the case may be.
Insured 1	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	Designation: ☐ Revocable ☐ Irrevocable
First and last names of beneficiary(ies) for ROP on Death benefit (critical illness) Relationship to insured (in Quebec, relationship to policyowner) Common-law spouse Married/Civil union spouse Other (specify): Designation: Revocable	First and last names of beneficiary(ies) for ROP on Death benefit (critical illness) Relationship to insured (in Quebec, relationship to policyowner) Common-law spouse Married/Civil union spouse Other (specify): Designation: Revocable
Designation: ☐ Revocable ☐ Irrevocable When a minor is designated as beneficiary, it is suggested that a trust be constituted for	First and last names of beneficiary(ies) for ROP 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 cr 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 correresidence declaration within 30 days of any change in circumstances that causes the authorize SSQ, Insurance Company Inc., when required by law, to ascertain my idemethod provided by law. authorize the use of your social insurance number for tax reporting purposes, if app. The new policyowner(s) must be a Canadian resident when the policy is completed an 	ect and complete and agree to provide SSQ, Insurance Company Inc. with a new tax are information on this form to be incomplete or inaccurate. Sentity by means of a reliable and independent identification product and/or any other policable.
Name of the new policyowner 1, authorized signatory, trustee or liquidator (capital let	ters)
X Signature of the new policyowner 1, authorized signatory, trustee or liquidator	
Name of the new policyowner 2, authorized signatory, trustee or liquidator (capital let	ters)
X	Y , Y , Y , M , M D , D
X Signature of the new policyowner 2, authorized signatory, trustee or liquidator	Date
Name of the witness (capital letters)	
X	
Signature of witness	Date

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

N – Declaration of the Financial Security Advisor/Representative By signing below, you attest that you have seen the original documents provided by the new policyowners, authorized signatories, liquidators, or trustees confirming their identity and that these documents are non-expired and valid. Full name of the Financial Security Advisor/Representative Financial Security Advisor/Representative No. Y Y Y Y M M D D D Signature of the Financial Security Advisor/Representative Date O - Pre-authorized debit 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 Insurance Company Inc. to debit my account as per my 9. In the event that I instruct SSQ Insurance Company Inc. to change the amount of instructions and/or as detailed in the contract of insurance, for monthly recurthe pre-authorized debit, I waive the right to receive the required notice. ring payments and/or one time payments from time to time, in payment of all 10. I may cancel this authorization for pre-authorized debits at any time, subject to charges, including any applicable financing charges and taxes, arising from the providing SSQ Insurance Company Inc. with thirty (30) days' notice in writing. I contract of insurance. may contact my financial institution about my rights regarding cancellation, or The amount of the pre-authorized debit may be increased or decreased at a later visit www.cdnpay.ca for a sample cancellation form. date as a result of endorsements, cancellation, exclusions or renewal of the con-11. I understand that SSQ Insurance Company Inc. reserves the right to terminate tract of insurance. I agree that, for the purpose of this Agreement, all pre-authorthis Agreement upon fifteen (15) days' notice in writing. ized debits from my account will be treated as variable amount pre-authorized 12. Any cancellation of this Agreement will not terminate or otherwise have any debits. I understand that the same method of payment will apply upon renewal bearing on any Agreement that exists with SSQ Insurance Company Inc. whatsoof the contract of insurance, if applicable, unless I notify SSQ Insurance Company ever with respect to any contract of insurance, so long as payment is provided by Inc. before the renewal date of the contract of insurance. an alternate method accepted by SSQ Insurance Company Inc. 3. I understand that a financing charge may be applicable and spread over the 13. I have certain recourse rights if any debit does not comply with this Agreement. instalments. For example, I have the right to receive reimbursement for any debit that is not 4. If a pre-authorized payment is returned due to insufficient funds (NSF), SSQ authorized or is not consistent with this Agreement. To obtain more information on Insurance Company Inc., is authorized to re-submit the payment. Any charges my recourse rights, I may contact my financial institution or visit www.cdnpay.ca. incurred as a result of NSF may be added to the subsequent pre-authorized SSQ Insurance Company Inc. Premium Accounting 5. I agree to inform SSQ Insurance Company Inc., by way of a letter, of any change 1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9 in the account information provided in this Agreement at least ten (10) business days prior to the next debit to my account. Please attach a specimen cheque, 6. I agree to the debiting of my account each month on the day selected in the on which you have written "VOID", insurance application or the next business day. for the account to be debited. 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 Insurance Company Inc. will not notify me before each withdrawal. Name of financial institution Address, city, province and postal code of the branch Branch Financial institution number Account number **Authorization** Is the account joint? \square Yes □ No For a joint account, all account holders must sign if more than one signature is required on cheques issued from the account.

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

Signature

Date

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Signature

Name of account holder or authorized person

(in capital letters)