

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. _____ 2. _____	1. _____ 2. _____

**Instructions:**

The new policyowner(s) must complete sections A, B, C or D, according to the type of transfer of ownership.

A – Transfer of ownership in favor of an **INDIVIDUAL**.

→ In the case of whole life insurance and universal life insurance, sections A2, A3 and A4 are mandatory for each new policyowner.

B – Transfer of ownership in favor of a **CORPORATION OR ANOTHER TYPE OF ENTITY**.

→ In the case of whole life insurance and universal life insurance, the *Verification of the existence (identity) of corporations and other entities* (FRA1235A) form is mandatory.

C – Transfer of ownership in favor of a **TRUST OR ESTATE**.

→ In the case of whole life insurance and universal life insurance, the *Verification of the existence (identity) of corporations and other entities* (FRA1235A) form is mandatory.

D – Transfer of ownership in favor of a **NON-PROFIT ORGANIZATION**.

The following sections must also be completed.

- E – Contingent/Successor policyowner (if applicable)
- F – Current policyowner(s) – declarations, required documents, consent and signatures
- G – Signature of the irrevocable beneficiary(ies) (if applicable)
- H – Consent of the assignee(s) (if applicable)
- I – Consent of the trustee in bankruptcy (if applicable)
- J – Payment of premiums
- K – Third party determination
- L – Designation of the new beneficiary(ies)
- M – New Policyowner(s) – Déclarations, Consent and Signatures
- N – Declaration of the Financial Security Advisor/Representative
- O – Pre-authorized debit (if applicable)

**A – NEW POLICYOWNER(S): Complete the appropriate section according to the type of new policyowner**

**A - INDIVIDUAL    B - CORPORATION OR OTHER TYPE ENTITY    C - TRUST OR ESTATE    D - NON-PROFIT ORGANIZATION**

A1 – Individual policyowner 1	A1 – Individual policyowner 2																
_____ Name of new policyowner 1	_____ Name of new policyowner 2																
_____ Detailed occupation and field of activity (if retired, indicate the last profession)	_____ Detailed occupation and field of activity (if retired, indicate the last profession)																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;">Y</td><td style="width: 25px; height: 20px;">Y</td><td style="width: 25px; height: 20px;">Y</td><td style="width: 25px; height: 20px;">Y</td> <td style="width: 25px; height: 20px;">M</td><td style="width: 25px; height: 20px;">M</td> <td style="width: 25px; height: 20px;">D</td><td style="width: 25px; height: 20px;">D</td> </tr> </table> Date of birth	Y	Y	Y	Y	M	M	D	D	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;">Y</td><td style="width: 25px; height: 20px;">Y</td><td style="width: 25px; height: 20px;">Y</td><td style="width: 25px; height: 20px;">Y</td> <td style="width: 25px; height: 20px;">M</td><td style="width: 25px; height: 20px;">M</td> <td style="width: 25px; height: 20px;">D</td><td style="width: 25px; height: 20px;">D</td> </tr> </table> Date of birth	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D										
Y	Y	Y	Y	M	M	D	D										
_____ Relationship with the insured	_____ Relationship with the insured																
<b>Full permanent home address</b>	<b>Full permanent home address</b>																
_____ Civic number and street name	_____ Civic number and street name																
Apt. _____	Apt. _____																
_____ City	_____ City																
_____ Province	_____ Province																
_____ Postal code	_____ Postal code																
_____ Telephone (residential)	_____ Telephone (residential)																
_____ Telephone (cellular)	_____ Telephone (cellular)																



## B – Corporation or other type of entity

In the case of whole life insurance and universal life insurance, you must also complete the *Verification of the existence (identity) of corporations and other entities (FRA1235A) form*.

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 also complete the *Verification of the existence (identity) of corporations and other entities (FRA1235A) form*.

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 (FRA1235A) 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  Yes  No

What is the organization's key activity? \_\_\_\_\_

Is the policyowner a non-profit organization registered with the Canada Revenue Agency (CRA)?

Yes → If YES, indicate the CRA registration number: \_\_\_\_\_  No

## E – Contingent/Successor Policyowner

Upon the death of a policyowner, the rights and interests of such deceased policyowner in the policy shall be transferred to the contingent / successor policyowner designated in this section.

\_\_\_\_\_  
First and last name of contingent / successor policyowner 1

\_\_\_\_\_  
Relationship to insured

| Y | Y | Y | Y | M | M | D | D |  
Date of birth

\_\_\_\_\_  
First and last name of contingent / successor policyowner 2

\_\_\_\_\_  
Relationship to insured

| Y | Y | Y | Y | M | M | D | D |  
Date of birth

### Declarations and signatures

- you declare that the information provided in this form is accurate and complete.
- for a corporation or other entity, trust or estate, please refer to section H for the required documents according the type of policyowner.

X

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

| Y | Y | Y | Y | M | M | D | D |  
Date

X

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

| Y | Y | Y | Y | M | M | D | D |  
Date

- \* The signature of the **new policyowner** is required when the designation of the contingent/successor policyowner is requested with the transfer of ownership.  
The signature of the **current policyowner** is required when the designation of the contingent/successor policyowner is the only request.



## H – Consent of the Assignee(s) (if applicable)

I(we) consent to the changes requested, all subject to the rights we have as the assignee(s) on this policy.

\_\_\_\_\_  
Name of the assignee(s)

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Name and title of authorized signatory (assignee)

X  
\_\_\_\_\_  
Signature of the authorized signatory

\_\_\_\_\_  
Date

## I – 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

## J – Premium payments

The new policyowner is responsible for the premium payments.

- Pre-authorized debit drawn from the same bank account associated with the policy number mentioned on the first page of this form.
- Pre-authorized debit drawn from a new bank account (same payer) → Enclose a specimen cheque.
- Change of payer → Enclose a specimen cheque and complete the pre-authorized debit agreement (section O).
- Payment change to annual.
- Payment change to monthly → Enclose a specimen cheque and complete the pre-authorized debit agreement (section O).

## 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 who will have the use of and/or access to the value of the contract?  Yes  No

If YES, provide information on the premium payer and/or the third party below:

### Third Party Identification (if applicable)

\_\_\_\_\_  
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 retired, indicate the last profession)

\_\_\_\_\_  
Relationship between 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
<p>_____ %</p> <p><b>First and last names of beneficiary 1</b> 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): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p><b>First and last names of beneficiary 1</b> 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): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p><b>First and last names of beneficiary 2</b> 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): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p><b>First and last names of beneficiary 2</b> 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): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p><b>Contingent beneficiary 1</b> (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): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p><b>Contingent beneficiary 1</b> (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): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p><b>Contingent beneficiary 2</b> (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): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p><b>Contingent beneficiary 2</b> (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): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>

### 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
<p>_____</p> <p><b>First and last names of beneficiary</b> 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): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____</p> <p><b>First and last names of beneficiary</b> 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): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>

**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
<b>First and last names of beneficiary(ies) for critical illness benefit</b> 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	<b>First and last names of beneficiary(ies) for critical illness benefit</b> 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
<b>First and last names of beneficiary(ies) for ROP on Death benefit (critical illness)</b> 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	<b>First and last names of beneficiary(ies) for ROP on Death benefit (critical illness)</b> 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
<b>First and last names of beneficiary(ies) for ROP on Death benefit (critical illness)</b> 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	<b>First and last names of beneficiary(ies) for ROP on Death benefit (critical illness)</b> 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

**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 correct and complete and agree to 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.
- authorize SSQ, Insurance Company Inc., when required by law, to ascertain my identity by means of a reliable and independent identification product and/or any other method provided by law.
- authorize the use of your social insurance number for tax reporting purposes, if applicable.

*The new policyowner(s) must be a Canadian resident when the policy is completed and signed.*

\_\_\_\_\_  
Name of the new policyowner 1, authorized signatory, trustee or liquidator (capital letters)

X \_\_\_\_\_  
Signature of the new policyowner 1, authorized signatory, trustee or liquidator

| Y | Y | Y | Y | M | M | D | D |  
Date

\_\_\_\_\_  
Name of the new policyowner 2, authorized signatory, trustee or liquidator (capital letters)

X \_\_\_\_\_  
Signature of the new policyowner 2, authorized signatory, trustee or liquidator

| Y | Y | Y | Y | M | M | D | D |  
Date

\_\_\_\_\_  
Name of the witness (capital letters)

X \_\_\_\_\_  
Signature of witness

| Y | Y | Y | Y | M | M | D | D |  
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

X

Signature of the Financial Security Advisor/Representative

Financial Security Advisor/Representative No.

Y | Y | Y | Y | M | M | D | D |

Date

## O – Pre-authorized debit

### Day of withdrawal

Specify the day:  |  → **If left blank, the day of withdrawal will remain unchanged.**

\* If the day of withdrawal specified is the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup>, the day of withdrawal will be the 28<sup>th</sup>.

\* 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

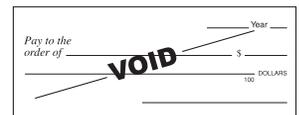
- I hereby authorize SSQ Insurance Company Inc. to debit my account as per my instructions and/or as detailed in the contract of insurance, for monthly recurring payments and/or one time payments from time to time, in payment of all charges, including any applicable financing charges and taxes, arising from the contract of insurance.
- The amount of the pre-authorized debit may be increased or decreased at a later date as a result of endorsements, cancellation, exclusions or renewal of the contract of insurance. I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as variable amount pre-authorized debits. I understand that the same method of payment will apply upon renewal of the contract of insurance, if applicable, unless I notify SSQ Insurance Company Inc. before the renewal date of the contract of insurance.
- I understand that a financing charge may be applicable and spread over the instalments.
- If a pre-authorized payment is returned due to insufficient funds (NSF), SSQ Insurance Company Inc., is authorized to re-submit the payment. Any charges incurred as a result of NSF may be added to the subsequent pre-authorized payment.
- I agree to inform SSQ Insurance Company Inc., by way of a letter, of any change in the account information provided in this Agreement at least ten (10) business days prior to the next debit to my account.
- I agree to the debiting of my account each month on the day selected in the insurance application or the next business day.
- I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as Personal.
- I agree and understand that SSQ Insurance Company Inc. will not notify me before each withdrawal.**
- In the event that I instruct SSQ Insurance Company Inc. to change the amount of the pre-authorized debit, I waive the right to receive the required notice.
- I may cancel this authorization for pre-authorized debits at any time, subject to providing SSQ Insurance Company Inc. with thirty (30) days' notice in writing. I may contact my financial institution about my rights regarding cancellation, or visit [www.cdnpay.ca](http://www.cdnpay.ca) for a sample cancellation form.
- I understand that SSQ Insurance Company Inc. reserves the right to terminate this Agreement upon fifteen (15) days' notice in writing.
- Any cancellation of this Agreement will not terminate or otherwise have any bearing on any Agreement that exists with SSQ Insurance Company Inc. whatsoever with respect to any contract of insurance, so long as payment is provided by an alternate method accepted by SSQ Insurance Company Inc.
- I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

SSQ Insurance Company Inc.

Premium Accounting

1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9

Please attach a specimen cheque, on which you have written "VOID", for the account to be debited.



Name of financial institution

Address, city, province and postal code of the branch

|  |

Branch

Financial institution number

Account number

## Authorization

Is the account joint?  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)

X  
\_\_\_\_\_  
Signature

Y | Y | Y | Y | M | M | D | D |  
\_\_\_\_\_  
Date

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

X  
\_\_\_\_\_  
Signature

Y | Y | Y | Y | M | M | D | D |  
\_\_\_\_\_  
Date