

**Instructions**

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

**Information**

Insurance policy number \_\_\_\_\_

Insured(s) \_\_\_\_\_

Policyowner(s) \_\_\_\_\_

For received value, I (we), the policyowner(s) of the contract, issued by SSQ Insurance Company Inc., assign and transfer to \_\_\_\_\_, hereafter named the assignee(s), all rights of this contract or derived rights, with the whole authority for the assignee(s) to give, when necessary, good and valid discharge to SSQ Insurance Company Inc., and without limiting the foregoing, the assignee(s) has (have) the right to receive all amounts which are or may become payable or due in accordance with the contract, excluding the following rights:

- 1) The right to receive a monthly annuity in case of disability as provided in the contract.
- 2) The right to designate or change the beneficiary.
- 3) The right to change the premium payment mode.
- 4) The right to receive an extreme disability benefit as provided in the contract.

Notwithstanding any contrary provision in the assigned insurance contract, when an extreme disability benefit is payable in accordance with said insurance contract, the extreme disability benefit amount cannot exceed the difference between the sum insured of the assigned insurance contract and the balance of the amount due to the assignee(s).

The assignment is limited to the assignee(s) interests, subject to the terms, dispositions and conditions of the contract. In case of death of the insured(s), the assignee(s) will have to submit to SSQ Insurance Company Inc. the proof of the amount due at death plus accumulated interest.

\_\_\_\_\_  
SIGNED AT (CITY AND PROVINCE)

| Y , Y , Y , Y | M , M | D , D |  
DATE

X  
SIGNATURE OF THE WITNESS

X  
SIGNATURE OF THE 1<sup>ST</sup> POLICYOWNER

X  
SIGNATURE OF THE WITNESS

X  
SIGNATURE OF THE 2<sup>ND</sup> POLICYOWNER (if applicable)

X  
SIGNATURE OF THE WITNESS

X  
SIGNATURE(S) OF THE IRREVOCABLE BENEFICIARY(IES) (if applicable)

X  
SIGNATURE OF THE WITNESS

X  
SIGNATURE(S) OF THE ASSIGNEE(S)

\_\_\_\_\_  
ADDRESS(ES) OF THE ASSIGNEE(S)

**IMPORTANT**

Change registered by SSQ Insurance Company Inc. who assumes no responsibility in relation to its validity, conformity or legality.

**TO BE USED BY THE HEAD OFFICE**

| Y , Y , Y , Y | M , M | D , D |  
DATE OF REGISTRATION

\_\_\_\_\_  
REGISTERED BY