Maximizer Option
Additional Section to the Individual Insurance Application

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

• Do not forget to specify the durations and face amount.

Basic information

Application number or policy number

Y Y Y Y M M D D
Date of birth

First name

Last name

Optimization of exemption test

☐ At the beginning of the duration: Y Y Y Y M M D D (minimum 5 years since effective date)

☐ At the end of the duration: Y Y Y Y M M D D

☐ Minimum face amount: $ _____ (minimum $25,000, maximum face amount chosen)

Declaration

I understand that the information in this document shall be part of my policy.

X
Signature of policyowner 1

X
Signature of policyowner 2

X
Signature of witness

Name of witness

Y Y Y Y M M D D
Date