



INSTRUCTIONS

Send the completed form by email to sales.insinv@ssq.ca or by fax to 1-866-606-2764.
Please allow a delay of 7 working days to receive your regular illustrations
(without the intervention of the Actuarial sector or the Control sector).

* required information

* Policy number

General Information

Advisor's name Agency name and number Client name
Email address or fax number Telephone Date

In Force Changes - Per Policy

* Type of plan: Pacte II UL Investment UL Protection Universal Life

Death Benefit Option

Current option New option
Increasing Increasing indexed at Level
Increasing indexed at Level

Face Amount Adjustment

Current option New option
No increase Exempt test increase Increase and decrease
Maximizer before age 85: At age 85:
Maximizer before age 85: At age 85: Increase and decrease

In Force Changes - Per Coverage

INSURED OR COVERAGE 1

Name of insured or number of coverage to modify
Cost of Insurance Change date
Current option New option
Face Amount Change date
Current option New option
Smoker to non-smoker Change date

INSURED OR COVERAGE 2

Name of insured or number of coverage to modify
Cost of Insurance Change date
Current option New option
Face Amount Change date
Current option New option
Smoker to non-smoker Change date

Interest Rate

* Average interest rate to use: % In the absence of the specified interest rate to be used, the illustration will be produced according to the guaranteed rate with the terms of the contract and based on the investment option Interest account guaranteed 10 years.

Premiums and Deposits

* Indications for future policy years:
Maintain the current deposit
Use the annual deposit to maintain the policy in force
Make a lump sum deposit of \$
Make a deposit of \$ for year(s) and then a deposit of \$ for year(s)
* Frequency of payments:
Annual
Monthly

Addition or Deletion of Coverages and Other Information

Indicate all additional information required to create the illustration. To add a new coverage, when the contract allows it, indicate the name of the insured, birth date, sex, smoking status, risk class, insured amount, date of addition, type of product, duration of addition (if applicable) and any riders or benefits to be attached to this addition.