

**INSTRUCTIONS**

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

**INFORMATIONS**

Policy number \_\_\_\_\_  
 Insured \_\_\_\_\_  
 Owner(s) \_\_\_\_\_

I declare that the name of:

Owner: \_\_\_\_\_ Insured: \_\_\_\_\_

has been changed for one of the following reasons:

- wedding
- separation
- divorce
- legal change of name
- legal adoption
- error on the application
- other (specify) \_\_\_\_\_

The name should be read as follows: \_\_\_\_\_

SIGNED AT	DATE
SIGNATURE OF THE WITNESS	SIGNATURE OF THE OWNER(S)

**TO BE USED BY THE HEAD OFFICE**

Change registered by SSQ Insurance Company Inc. who will assume no responsibility in relation to the validity, conformity or legality.

DATE OF REGISTRATION	REGISTERED BY
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