SSQ insurance

ELECTRONIC EXPRESS APPLICATION

INDIVIDUAL INSURANCE **(PART B)**

SSQ Insurance Company Inc., 1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9
Tel.: 514-282-6064 – Toll-free: 1-800-565-4550

First and last names of the insured	Application number

In order for this application to be processed:

- Pages 5, 6, 7, 8, 9 and 11 of this application must be:
  - completed without failing to have the application number written in each box marked "APPLICATION NUMBER";
  - signed by the client and the advisor;
  - sent by mail or email to your agency with the illustration (without forgetting to include page 10, only if the client **IS NOT** covered by the TIA).
- Page 12 – and page 10, only if the client **IS** covered by the TIA – must be completed and signed, and given to your client.
- For Universal Life insurance, the "Supplement to the application – Universal Life insurance" form must be completed and signed, and sent to your agency.

I – Supplementary information

I1 – Employment details

Profession/Occupation and years of service (current employer) – provide details *(if retired, indicate the last profession and field of activity)*			Gross annual income $	Net worth $
Tasks involved in occupation			Other income $ ______ Specify source: ______	
Employer's name		Nature of employer's business	Address – Civic number and street name	
Suite number	Telephone (office)	City	Province	Postal code

I2 – Insurance in force (to be completed at all times)

1. Do you have existing individual insurance? ☐ NO ☐ YES → **If yes,** please provide the information below. If you require more space, please attach a separate sheet to this application.

COMPANY NAME	AMOUNT	TYPE (LIFE, DISABILITY, CRITICAL ILLNESS)	YEAR	PURPOSE OF INSURANCE		IN FORCE INSURANCE REPLACED?	
				PERSONAL	BUSINESS	YES	NO
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

	YES	NO
2. Do you have any other applications that are pending or that have been submitted to other companies in the **last six (6) months? If yes**, indicate name of company, the total amount of insurance that will be put into force and the type of insurance (life, critical illness or disability).	☐	☐
3. Have you ever had an application or reinstatement for life, disability or critical illness insurance declined, rated, modified or postponed? **If yes**, indicate date and reasons.	☐	☐

4. If insurance for children:
   a) Indicate the total amount of life insurance in force on the parents of the child. $ ______
   b) Please specify if there are other children and if so, indicate the amount of insurance in force on each one of them. $ ______

I3 – Information regarding disability rider

IMPORTANT: For **TERM PLUS only**, when the Disability Rider benefit is chosen.
Certain occupations are not insurable. Please refer to the "*List of non-insurable occupations*" in the Term Plus section of the library in the illustration software.
Note that a spouse on parental leave must have a regular occupation insurable according to our criteria to be eligible for a maximum amount of $1,000.

1. ELIGIBILITY

a) Are you a stay-at-home spouse? (Note: eligible only if the spouse is covered under the present policy.)	☐ Yes ☐ No	If **YES**, maximum amount of up to $1,000 and duration of 2 years.
b) Are you a spouse on parental leave?	☐ Yes ☐ No	If **YES**, maximum amount of up to $1,000 and duration of 2 years.
c) Do you currently work at least 21 hours per week?	☐ Yes ☐ No	If **NO**, not eligible for disability rider.
d) Have you worked 8 months or more during the last 12 months at a rate of at least 21 hours per week?	☐ Yes ☐ No	If **NO**, not eligible for disability rider.

2. What percentage of your time do you work from home (or from the home(s) of your clients)?	%
3. INSURANCE NEED (based on needs analysis)	$ / month
4. AMOUNT REQUESTED (min. $300, max. 1.5% of the life insurance amount requested without exceeding $3,500)	$ / month
5. DURATION	☐ 2 years ☐ 5 years ☐ Up to age 65

6. a) Are the loans for which the disability insurance amount is being requested already covered by another disability insurance policy? ☐ Yes ☐ No
   b) Are they covered by a creditor's group disability insurance offered by a bank, credit union or other lender? ☐ Yes ☐ No
   c) If YES to question 6b, will this insurance be replaced? ☐ Yes ☐ No

First and last names of the insured

Application number

J – Declarations, Authorizations and Signatures

J1 – The undersigned:

1. Agrees that an additional questionnaire on lifestyle and medical history may be completed during the meeting with the financial security advisor / representative, during a personal meeting or a RECORDED telephone conversation with a paramedical company or another authorized person representing or acting for SSQ Insurance Company Inc. The undersigned agrees that the additional questionnaire shall be deemed to form part of this application and that the information it contains shall be used to draw up a contract with SSQ Insurance Company Inc. The undersigned further agrees to review such information upon receipt of the contract and to inform SSQ Insurance Company Inc. forthwith if it contains any information that is false, inaccurate or incomplete.
2. Agrees that all information that they divulged during a RECORDED telephone interview to a paramedical company or another authorized person representing or acting for SSQ Insurance Company Inc., including but not limited to, their medical history and state of health, is deemed to form part of this application and that this information shall be used to draw up a contract with SSQ Insurance Company Inc. The undersigned agrees that any recording, transcription or other notation of such information by SSQ Insurance Company Inc. or on behalf of SSQ Insurance Company Inc. shall be considered to be accurate, complete and binding as if given in writing to you.
3. Agrees that, if the information recorded is inaccurate or incomplete (including, without limitation, the information provided to justify the rates applied for non-smokers with respect to the insured under the terms of the requested contract), the contract shall be void with respect to the insured.
4. Agrees that, if a temporary insurance agreement has been drawn up for life insurance, the amount payable under the aforesaid temporary insurance agreement and such other temporary insurance agreement as may be drawn up by SSQ Insurance Company Inc. for the insured life shall be limited to the lesser of $500,000 or the total face amount requested in the insurance applications.
5. Agrees that, if a conditional insurance policy is drawn up for critical illness insurance, the amount payable shall be the lesser of the face amount requested in the life and critical illness insurance application or $500,000 less all other face amounts under any critical illness insurance pending or in effect with SSQ Insurance Company Inc.
6. Agrees that this application, as well as the attached temporary insurance agreement relating to life insurance and the attached conditional insurance policy relating to critical illness insurance, if any, are subject to the laws of the province where the policyowner resides when the policy is issued, subject to applicable laws.
7. Agrees that, under the Term Plus product, the benefit payable in the event of a total disability shall be based on the total amount of eligible monthly payments for all eligible loans in effect at the time of total disability, regardless of the monthly amount that is underwritten in the present application. The benefit payable shall not exceed the monthly amount that is underwritten in the present application, subject to the terms of the contract. Should there be no eligible monthly payment in effect at the time of total disability, the undersigned agrees that the liability of SSQ Insurance Company Inc. shall be limited to the refund of premiums received since the loan or loans were discharged, on the understanding that this refund shall not exceed a period of eighteen (18) months prior to the date the total disability benefit was requested.
8. Agrees that they have received the advisor's explanations concerning the possibility of a tax rule change that certain changes, which require evidence of insurability, may cause, if any. As such, the entire policy could be subject to the tax rules in effect as of January 1st 2017, if it is not already the case.
9. Authorizes any health care professional, hospital or private or public health or social services facility, insurance company, reinsurer or other institution or person holding any files or information about them or their health to release such files or information to SSQ Insurance Company Inc. or its reinsurers, and such information shall be treated as confidential and confined in the file mentioned in the **Notice regarding personal files and personal information** which they have read.
10. Authorizes SSQ Insurance Company Inc. and its reinsurers, for the purposes of underwriting, appraisal of risk, setting of premiums, insurance administration and loss settlement only, to hold, collect from and exchange with any individuals or corporate bodies holding any personal information about them such personal information as is needed in accordance with the object of the file as aforesaid and only such information, which individuals and corporate bodies shall include any other insurance company, medical practitioner or medical facility, the MIB Inc., any credit rating or investigative agency and any individual or corporate body likely to be holding any such personal information about him, to disclose to the aforesaid individuals and corporate bodies only such personal information as is necessary, and to request an investigative report about them. This authorization shall be valid for the period required to achieve the purposes for which it was requested. The undersigned has read the **Notice to proposed insured and policyowner(s)** regarding the MIB Inc. and regarding personal files and personal information and understands that the information shall be treated as confidential and confined in the insured's file as mentioned in the latter notice.
11. Declares that the information provided on the Declaration of Tax Residence section is correct and complete and agrees 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.
12. Declares that the aforesaid statements are true and complete, have been correctly recorded and form part of the insurance application with SSQ Insurance Company Inc. Any misrepresentation or concealment by the proposed insured regarding circumstances that are known to the proposed insured and likely to have a material influence on an insurer with respect to setting of premium, the appraisal of risk or the decision to cover it, shall cause the contract, at the insurer's request, to become void even with respect to any losses not connected with the risks so misrepresented or concealed.
13. Declare having received the Notice to proposed insured and policyowner(s) and agree to accept its terms.

Signed at (city and province) ____________________

Date: Y Y Y Y M M D D

X ____________________
Signature of insured

X ____________________
Signature of the father, mother or legal guardian of the minor child (children's insurance)

X ____________________
Signature of policyowner 1 – only necessary if not an insured

X ____________________
Signature of policyowner 2 – only necessary if not an insured

If the policyowner is a company or other type of entity:

Name and Title of Authorized Signatory ____________________

X ____________________
Signature

Name and Title of Authorized Signatory ____________________

X ____________________
Signature

Application number

J2 – Credit card payment (1st premium only)

- This method of payment is accepted only for new business.
- If the premium payment frequency is annual, the amount payable by credit card is limited to 1/12th of the annual premium (or 1/12th of the MINIMUM annual premium for universal life insurance), subject to a maximum of $5,000.
- If the premium payment frequency is monthly, the amount payable by credit card is limited to the first monthly premium (or first MINIMUM monthly premium for universal life insurance), subject to a maximum of $5,000.

Name of payer ____________________

Policy number ____________________

☐ Visa ☐ MasterCard

Credit card number

Expiry date: M M Y Y Y Y

X ____________________
Signature

$ ____________________
1st premium payment (cashed on reception of this application)

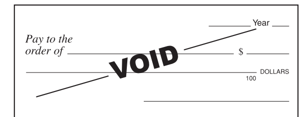
Application number

J3 – Pre-authorized debit agreement

1. 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.
2. 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.
3. I understand that a financing charge may be applicable and spread over the instalments.
4. 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.
5. 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.
6. I agree to the debiting of my account each month on the day selected in the insurance application or the next business day.
7. I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as Personal.
8. **I agree and understand that SSQ Insurance Company Inc. will not notify me before each withdrawal.**
9. 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.
10. 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 for a sample cancellation form.
11. I understand that SSQ Insurance Company Inc. reserves the right to terminate this Agreement upon fifteen (15) days notice in writing.
12. 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.
13. 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.

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

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 | Date Y Y Y Y M M D D

Name of account holder or authorized person (in capital letters) | X Signature | Date Y Y Y Y M M D D

Application number

J4 – Declaration of Tax Residence of policyowner(s) (self-certification)
(applicable to whole life and universal life insurance products)

The insured and the policyowner(s) must be tax residents of Canada in order for an insurance policy to be issued. The information provided on the Declaration of Tax Residence section must be correct and complete. The policyowner(s) must 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 (for example, changing a bank account for one in a financial institution in a country other than Canada or the United States, changing an address for an address in a country other than Canada or the United States, etc.).

The policyowner is a corporation or other type of entity

The Declaration of Tax Residence must be completed on the form V*erification of the existence (identity) of corporations and other entities* (FRA1235A).

Policyowner 1 (individual)	Policyowner 2 (individual)
Check (✓) all options that apply to you:	**Check (✓) all options that apply to you:**
☐ I am a tax resident of Canada	☐ I am a tax resident of Canada
☐ I am a tax resident in a jurisdiction other than Canada or the United States ➔ **If you check this box, the form *Declaration of Tax Residence (Self-Certification) – Individual* (FRA1737A) is mandatory.**	☐ I am a tax resident in a jurisdiction other than Canada or the United States ➔ **If you check this box, the form *Declaration of Tax Residence (Self-Certification) – Individual* (FRA1737A) is mandatory.**

J5 – Third party determination (applicable for whole life and universal life insurance products)

In accordance with the ***Proceeds of Crime (Money Laundering) and Terrorist Financing Act*** and its regulations, the financial security advisor / representative must make reasonable efforts to determine, with regard to the present application, if the policyowner(s) is (are) acting on behalf of a third party (individual, company or other type of entity).

When you must determine whether a "third party" is involved, it is not about who "owns" the money, but rather about who gives instructions to deal with the money. If the individual in front of you is acting on someone else's instructions, that someone else is the third party. For the purposes of third party determination, employees acting on behalf of their employers are considered to be acting on behalf of a third party.

When the premium payer is a different person or entity than the policyowner(s), the payer is considered a third party and the section below must be completed.

Is (are) the policyowner(s) acting on behalf of a third party (individual, company or other type of entity) or is there a third party to this contract?

☐ Yes ➔ complete the "Third party identification" section below.

☐ No

☐ It is impossible to determine whether the policyowner(s) is (are) acting on behalf of a third party, but I have reasonable grounds to believe that he/she (they) is (are) ➔ complete the "Third party identification" section below.

Is the person or entity paying the premiums/amounts in the insurance contract different from the policyowner(s)?

☐ Yes ➔ complete the "Third party identification" section below.

☐ No

Third party identification (if applicable)

Name of the third party

Y Y Y Y M M D D
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

If you cannot obtain the above-mentioned information on the third party, please provide the reasons in the space below:

If you cannot determine if the policyowner is acting on behalf of a third party, but have reasonable grounds to suspect that he is, please provide the reasons in the space below:

Application number

K – Financial security advisor's / representative's report

1. Source
   ☐ From insured ☐ Referred ☐ Associate ☐ Life customer ☐ P&C customer ☐ Other (specify): ______
2. Relationship to insured
   ☐ Personal friend ☐ Relative (specify): ______ ☐ Other (specify): ______
   How long have you known the insured? Y Y Y Y M M D D
3. Which language(s) has (have) been used to complete the application? ______
4. Has (have) the individual(s) told you he/she (they) understood the language used to complete the application?
   ☐ Yes ☐ No
5. If a language other than English has been used, please name the person who explained the application to the individual(s) to be insured. The person cannot be the beneficiary or a family member of the person(s) to be insured.
   ______
6. Preferred Risks: ☐ Yes ☐ No

K1 – Information about financial security advisor / representative

The following information is necessary for the application to be processed and for commissions to be paid.

Name of service advisor (in capital letters) ______ Agency ______ Code of financial security advisor / representative ______

Share % (multiples of 5%) ______ Telephone number ______

Name of other advisor sharing commission (if applicable) (in capital letters) ______ Agency ______ Code of financial security advisor / representative ______

Share % (multiples of 5%) ______ Telephone number ______

Name of other advisor sharing commission (if applicable) (in capital letters) ______ Agency ______ Code of financial security advisor / representative ______

Share % (multiples of 5%) ______ Telephone number ______

☐ **I do not have an advisor's code with SSQ Insurance Company Inc. This is my first application.**

K2 – Financial security advisor / representative certification

I confirm that I have provided an "**Advisor Disclosure Statement**" to the policyowner(s) disclosing the following:

- the name of the company or companies I represent at this moment;
- that I will receive compensation such as commissions for the sale of life and critical illness insurance company products;
- that I may receive additional compensation in the form of bonuses, conference programs or other incentives; and
- that I have disclosed any conflict of interest that I may have with respect to this transaction.

I declare that I have a valid licence for the territory where this application has been signed.

I hereby declare that all information in this application is true and complete to the best of my knowledge.

If I am not the service advisor for this policy, I declare that I have informed the policyowner(s) of that fact and of the identity of his/her (their) service advisor as it appears in Section K1.

Identity verification of the policyowner(s) (whole life and universal life insurance)

In accordance with the **Proceeds of Crime (Money Laundering) and Terrorist Financing Act** and its regulations, I have ascertained the identity of the persons who signed this application as policyowner(s) by examining all original documents supplied and by meeting with the policyowner(s) to complete this application.

Third party determination (whole life and universal life insurance)

In accordance with the **Proceeds of Crime (Money Laundering) and Terrorist Financing Act** and its regulations, I have made reasonable efforts to determine if the policyowner(s) is (are) acting on behalf of a third party.

Name of financial security advisor / representative (in capital letters) ______ Code of financial security advisor / representative ______

X ______
Signature of financial security advisor / representative

Y Y Y Y M M D D
Date

Comments and details of financial security advisor / representative

______

______

______

Application number

L – Notices and agreements

L1 – Conditional insurance policy – critical illness insurance

Instructions for the financial security advisor / representative

If the proposed insured is 30 days old or more and less than 66 years old on the nearest birthday when the application is signed, please detach this conditional insurance policy and give it to the policyowner(s).

Regardless of whether any premium has been collected with the application, no guarantee is provided according to the current conditional insurance policy unless all the conditions set out below are met.

Conditional insurance policy – critical illness insurance

SSQ Insurance Company Inc. provides a free temporary CONDITIONAL critical illness insurance in accordance with the conditions set out below.

This conditional insurance policy, subject to the usual terms of the policy applied for, will take effect:

- on the date on which sufficient evidence of insurability for the individual to be insured is received ("effective date"); and
- if the individual to be insured represented a regular risk at the effective date, in accordance with the rules and common practice applied by SSQ Insurance Company Inc. as far as risk selection is concerned; and
- if a payment for the amount of the first monthly premium or more was both received and cashable on the date the insurance application has been signed by the proposed insured and by the financial security advisor / representative, or before this date; and
- if the aforementioned payment was made to SSQ Insurance Company Inc. and was honoured by the financial institution the first time it has been presented.

The conditional insurance policy will terminate at the effective date of the requested contract.

The face amount for a critical illness insurance for a proposed insured as defined by this conditional insurance policy will be limited to the lesser of:

- the face amount requested in the life and critical illness application on the proposed insured; or
- $500,000 less all other face amount for any critical illness insurance payable by SSQ Insurance Company Inc. to the proposed insured.

If the proposed insured is diagnosed with cancer, no payment will be made according to this conditional insurance policy.

If the proposed insured dies 30 days following the diagnosis of a covered critical illness, no payment will be made according to this conditional insurance policy.

If the proposed insured is less than 30 days old or 66 years old or more, no payment will be made according to this conditional insurance policy.

Application number

L2 – Receipt – temporary insurance agreement – life insurance

Received from ______ $ ______ the sum of

Instructions for the financial security advisor / representative

If the proposed insured is 15 days old or more and less than 66 years old on the nearest birthday when the application is signed, please detach this temporary insurance agreement and give it to the policyowner(s).

- The amount paid to the financial security advisor / representative must equal the first monthly premium or one-twelfth ($^{1}/_{12}$) of the annual modal premium and must be cashable on the date the insurance application is signed by the proposed insured.
- No insurance will be effective unless the payment is honoured the first time it is presented.
- No one may waive or change any of the terms of this temporary insurance agreement.
- **See Provisions and Conditions.**

Signed at (city and province)

X

Signature of financial security advisor / representative

Y Y Y Y M M D D

Date

Provisions and conditions – temporary insurance agreement – life insurance

1. AMOUNT OF INSURANCE AND LIMITS

In consideration for payment of the premium indicated in Section C, SSQ Insurance Company Inc. agrees to provide a temporary insurance benefit, up to $500,000 on the insured according to the Provisions and Conditions attached to this temporary insurance agreement. If the face amount as indicated in Section A is less than $500,000, the amount indicated in Section A will represent the face amount of the temporary insurance agreement. If the face amount as indicated in Section A is equal to or more than $500,000, the face amount for the temporary insurance agreement will be $500,000. In case of death of the insured while the temporary insurance agreement is in force, all the premiums paid in excess of the required premium of $500,000 coverage will be reimbursed. The maximum of $500,000 includes any other temporary insurance agreements issued by SSQ Insurance Company Inc., as mentioned in Section J1 (article 4).

2. EFFECTIVE DATE

The temporary insurance agreement becomes effective when the temporary insurance agreement's receipt has been signed, provided the premiums required from the insured have been paid and that the questions 1 to 6 of the temporary insurance agreement questionnaire in Section F of the application have been answered "No".

3. END OF COVERAGE

The temporary insurance agreement will end on the earliest of:

a) 90 days from the date of this application;
b) the date a counter offer has been presented to your financial security advisor / representative;
c) the date the policy applied for comes into force;
d) the date SSQ Insurance Company Inc. notifies the policyowner(s) of the termination of the temporary insurance agreement;
e) the date SSQ Insurance Company Inc. refuses this application.

SSQ Insurance Company Inc. may terminate this temporary insurance agreement at any time provided the policyowner(s) is (are) notified. When the temporary insurance agreement ends in accordance with 3 a), b), c) or d) listed above, SSQ Insurance Company Inc. shall retain the received premium in order to apply it towards the coming into force of the insurance contract.

4. EXCLUSIONS AND PARTICULARS

a) Any additional benefits applied for, including:
   - Accidental Death and Dismemberment (AD&D)
   - Benefit in case of fracture
   - Waiver of Premium (WP)
   - Critical Illness Rider
   - Disability Rider – 2 years, 5 years or up to age 65 (Term Plus)

   are excluded from the temporary insurance agreement.
b) In case of suicide, fraud or misrepresentation, the temporary insurance agreement shall become void and the liability of SSQ Insurance Company Inc. shall be limited to refunding the premium paid to the policyowner(s).
c) The temporary insurance agreement does not cover children under the Child Rider and Children's Endorsement benefits.
d) The financial security advisor / representative is not authorized to offer the temporary insurance agreement to an insured under the age of 15 days or age 66 or over.
e) The temporary insurance agreement does not apply to critical illness products.

Application number

Authorization

I hereby authorize any doctor, hospital, clinic, insurance company, the MIB Inc. or any other institution or organization holding information about me, including specific information about my state of health, my family medical history, my lifestyle, my finances and my reputation, to communicate this information to SSQ Insurance Company Inc. and to its reinsurers. I also authorize my insurer to exchange any personal information contained in the present application with other insurers, financial security advisors / representatives, financial institution or anyone else I have designated, and to make inquiries with them for the purposes of risk selection, premium calculation or in the event of a claim.

In case of my death, the beneficiary, legal heir or executor of my estate is expressly authorized to communicate to the insurer, when required by it, any and all information or authorizations required for the settlement of the death claim and to obtain any justification requested. As well, SSQ Insurance Company Inc. is permitted to obtain information about me or my state of health and I am willing to undergo any tests, X-rays, electrocardiograms, blood or urine tests which SSQ Insurance Company Inc. may request in order to underwrite my insurance application. Furthermore, I authorize SSQ Insurance Company Inc. to communicate the results of these tests to its reinsurers, and as required, to my attending physician and the MIB Inc. In addition, I authorize SSQ Insurance Company Inc. to include all personal information contained in its existing or future files. A photocopy or an electronic copy of this authorization shall be valid as the original.

Note: Please complete this Authorization in blue ink.

	X	Y Y Y Y M M D D
Name of insured (in capital letters)	Signature of insured	Date
	X	Y Y Y Y M M D D
If a minor insured: Name of the mother, father or legal guardian (in capital letters)	Signature of the mother, father or legal guardian (indicate relationship to the insured)	Date

L3 – Notice to proposed insured and policyowner(s)

Notice regarding the MIB Inc.

Information regarding the proposed insured will be treated as confidential and will be confined in the file mentioned in the **Notice regarding personal files and personal information**. SSQ Insurance Company Inc. or its reinsurers may, however, make a brief report thereon to the MIB Inc., a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another MIB Inc. member company for life, disability or critical illness insurance coverage, or a claim for benefits is submitted to a member company, the MIB Inc. will, upon request, supply such company with the information in its file. Upon receipt of a request from you, the MIB Inc. will arrange disclosure of any information it may have in your file. If you question the accuracy of information in a file at the MIB Inc., you may contact the MIB Inc. and seek a correction. Here is the address of the MIB Inc.:

MIB Inc., 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, Telephone: 416-597-0590.

SSQ Insurance Company Inc. or its reinsurers may also release information in its files to other life insurance companies to whom you may apply for life, disability or critical illness insurance coverage, or to whom a claim for benefits may be submitted. By signing the authorization clause, the insured agrees to the release of the information to the MIB Inc.

Information for consumers about MIB Inc. may be obtained on its website at: www.mib.com.

Notice regarding the investigative consumer report

For the insurance applications to be processed, all insurance companies, including SSQ Insurance Company Inc., may ask for a personal investigative consumer report in order to obtain information through personal interviews with neighbours, friends, associates and other designated people. The investigative consumer report may concern your reputation, lifestyle and finances. A representative of a consumer reporting agency may visit you or call you.

Notice regarding personal files and personal information

SSQ Insurance Company Inc. advises the insured that all information obtained from him or from a third party, as mentioned in this application, for the risk assessment, premium calculations and claims is stored in a file referred to as "Life and Health Insurance". This file includes an electronic copy of the present application and the insured acknowledges that this electronic copy will legally serve as the original. Only the employees, representatives or agents of SSQ Insurance Company Inc. and the people authorized by the insured have access to this file when needed to exercise their duties, execute their mandates or as authorized by the insured. This file is maintained at the office of SSQ Insurance Company Inc. The proposed insured is entitled to have access to the personal information in this file and, if applicable, to rectify any inconsistencies. To do so, a written request must be sent to the attention of the Access Officer, SSQ Insurance Company Inc. at 1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9. By signing the authorization form at the end of this application, the insured agrees to the gathering of information which will be confined in the above-mentioned file.