

## **INTERPRETER'S DECLARATION**

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

	File Number
Proposed insured	Date of birth
I, the undersigned,	declare as follows:
I have accurately translated all the information of the paramedical/medical document, or other document enclosed, for the proposed insured whose mother tongue is	
2. I have read and explained the document in its entirety to the proposed insured.	
3. The proposed insured confirms that he/she has understood the meaning of the questions that were as	sked and to which he/she has answered.
4. The proposed insured confirms that the statements provided in this paramedical/medical docume enclosed are true and complete, and h	ent, or other document e/she has signed the document knowingly.
5. I have no relationship with the proposed insured and I have no benefit linked to this insurance reques	st.
X	
Signature of the interpreter	
Relationship with the proposed insured	Date of birth
Address	
E-mail address (internet)	
Telephone number	
[Y,Y,Y,Y]M,M D,D]  Signature date	