

INSTRUCTIONS

1. Fill out the claimant's Statement, sign and date.
2. Fill out the payment option.

POLICY N°

1. Identification of the Deceased Person

Surname and first name	Y Y Y Y M M D D Date of birth
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Marital status at death: Single Married Divorced Widowed

Address at time of death

Previous address if less than two years

2. Information on the Deceased Person

1. Does the person have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Date of death Y Y Y Y M M D D	3. Place of death
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4. Was death due to: <input type="checkbox"/> an accident <input type="checkbox"/> a murder <input type="checkbox"/> suicide <input type="checkbox"/> natural causes	5. Describe it briefly
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6. Was there an investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Was there an autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. If yes, indicate by whom and provide the observations

9. Did the person have a marriage contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Did the person leave a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. When did the deceased person began to show symptoms of poor health? Y Y Y Y M M D D
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12. When did the final illness begin? Y Y Y Y M M D D	13. What is the date of the first medical visit for the final illness? Y Y Y Y M M D D
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14. Was the deceased person treated or hospitalized over the last three years?

Names of physicians or hospitals	Date	Reason
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	

15. Name and address of the family physician

16. Indicate any other insurance policies on the life of the deceased person

Names of companies	Dates of policies	Amounts
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	

3. Tobacco Use

1. Did the deceased person use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. If not, did the person smoke previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. If yes, on what date did the smoking end? A A A A M M J J
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Please complete your statement on the other side of this form.

4. Identification of the Claimant

	<table border="1" style="border-collapse: collapse; width:100%; height: 15px;"> <tr> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> <td style="text-align: center;">M</td><td style="text-align: center;">M</td> <td style="text-align: center;">D</td><td style="text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D			
Surname and first name	Date of birth	Relationship with the deceased person								
Address		Telephone								
City	Province	Postal code								

On what basis are you making this claim Beneficiary Liquidator Other: _____

I, the undersigned, hereby certify that the answers to the questions above are recorded correctly and that they are full, complete and truthful, to the best of my knowledge. I state that they have the same value as if they were made under oath.

X	<table border="1" style="border-collapse: collapse; width:100%; height: 15px;"> <tr> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> <td style="text-align: center;">M</td><td style="text-align: center;">M</td> <td style="text-align: center;">D</td><td style="text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	X
Y	Y	Y	Y	M	M	D	D			
Witness's signature	Date	Claimant's signature								

5. Death Benefit Payment Option (Where applicable, each beneficiary selects one of three options)

IMPORTANT:

The transfer of all or part of the death benefit to a registered annuity contract must be done by a financial security advisor. An analysis of your needs and your investor profile will help obtain investment solutions that are adapted to your objectives.

BENEFICIARY 1

- I request a lump-sum payment by cheque;
- I ask that the death benefit of which I am beneficiary be invested in full into an investment and retirement product with SSQ, Life Insurance Company Inc.;
- I ask that the death benefit of which I am beneficiary be invested in part into an investment and retirement product with SSQ, Life Insurance Company Inc. as follows:

Amount payable by cheque to me: \$ _____ or ____%. Amount transferred to a registered annuity contract: \$ _____ or ____%

X	<table border="1" style="border-collapse: collapse; width:100%; height: 15px;"> <tr> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> <td style="text-align: center;">M</td><td style="text-align: center;">M</td> <td style="text-align: center;">D</td><td style="text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D			
Signature of the beneficiary	Date of the signature									

BENEFICIARY 2

- I request a lump-sum payment by cheque;
- I ask that the death benefit of which I am beneficiary be invested in full into an investment and retirement product with SSQ, Life Insurance Company Inc.;
- I ask that the death benefit of which I am beneficiary be invested in part into an investment and retirement product with SSQ, Life Insurance Company Inc. as follows:

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Y	Y	Y	Y	M	M	D	D			
Signature of the beneficiary	Date of the signature									

BENEFICIARY 3

- I request a lump-sum payment by cheque;
- I ask that the death benefit of which I am beneficiary be invested in full into an investment and retirement product with SSQ, Life Insurance Company Inc.;
- I ask that the death benefit of which I am beneficiary be invested in part into an investment and retirement product with SSQ, Life Insurance Company Inc. as follows:

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Y	Y	Y	Y	M	M	D	D			
Signature of the beneficiary	Date of the signature									

If there are more than three named beneficiaries, please attach an additional sheet to indicate the desired payment option of the death benefit.