



CHANGE OF NAME DECLARATION

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

INSTRUCTIONS

Fill in and sign two copies and send to SSQ, Life 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, Life 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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