



LOSS OF CONTRACT DECLARATION

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

INFORMATIONS

Insurance policy number _____

Insured _____

Owner(s) _____

Please include in your declaration \$10.00 to cover duplicating fees (by cheque or money order).

I, _____, ask for the issue of a duplicating of the above contract and declare the following:

- (1) The insurance contract has been lost, stolen or destroyed and following serious research, it has not been recovered.
- (2) The original contract is not in the hands of a beneficiary or an assignee.
- (3) The original contract will immediately be returned to the Company if it returns to my possession.
- (4) I acknowledge that issuing the duplicate will void the initial document.

SSQ, Life Insurance Company Inc. will be free of all obligations by the payment of the benefit of a duplicate or the original, depending on whichever of the two is found more suitable.

SIGNED AT	DATE
SIGNATURE OF WITNESS	SIGNATURE OF THE OWNER
SIGNATURE OF WITNESS	SIGNATURE OF THE SECOND OWNER