



ASSIGNMENT OF THE CONTRACT

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

Instructions

Complete and sign two copies of this document and send to SSQ, Life Insurance Company Inc. for registration. SSQ, Life Insurance Company Inc. will return a registered copy to the assignee(s).

Information

Insurance policy number _____

Insured(s) _____

Policyowner(s) _____

For received value, I (we), the policyowner(s) of the contract, issued by SSQ, Life Insurance Company Inc., assign and transfer to _____, hereafter named the assignee(s), all rights of this contract or derived rights, with the whole authority for the assignee(s) to give, when necessary, good and valid discharge to SSQ, Life Insurance Company Inc., and without limiting the foregoing, the assignee(s) has (have) the right to receive all amounts which are or may become payable or due in accordance with the contract, excluding the following rights:

- 1) The right to receive a monthly annuity in case of disability as provided in the contract.
- 2) The right to designate or change the beneficiary.
- 3) The right to change the premium payment mode.
- 4) The right to receive an extreme disability benefit as provided in the contract.

Notwithstanding any contrary provision in the assigned insurance contract, when an extreme disability benefit is payable in accordance with said insurance contract, the extreme disability benefit amount cannot exceed the difference between the sum insured of the assigned insurance contract and the balance of the amount due to the assignee(s).

The assignment is limited to the assignee(s) interests, subject to the terms, dispositions and conditions of the contract. In case of death of the insured(s), the assignee(s) will have to submit to SSQ, Life Insurance Company Inc. the proof of the amount due at death plus accumulated interest.

SIGNED AT (CITY AND PROVINCE)

| Y , Y , Y , Y | M , M | D , D |
DATE

X _____
SIGNATURE OF THE WITNESS

X _____
SIGNATURE OF THE 1ST POLICYOWNER

X _____
SIGNATURE OF THE WITNESS

X _____
SIGNATURE OF THE 2ND POLICYOWNER (if applicable)

X _____
SIGNATURE OF THE WITNESS

X _____
SIGNATURE(S) OF THE IRREVOCABLE BENEFICIARY(IES) (if applicable)

X _____
SIGNATURE OF THE WITNESS

X _____
SIGNATURE(S) OF THE ASSIGNEE(S)

ADDRESS(ES) OF THE ASSIGNEE(S)

IMPORTANT

Change registered by SSQ, Life Insurance Company Inc. who assumes no responsibility in relation to its validity, conformity or legality.

TO BE USED BY THE HEAD OFFICE

| Y , Y , Y , Y | M , M | D , D |
DATE OF REGISTRATION

REGISTERED BY