

TO BE COMPLETED AND RETURNED TO SSQ INSURANCE ONLY IF THE PARTICIPANT HOLDS LIFE INSURANCE COVERAGE

IMPORTANT: WRITE IN BLOCK LETTERS

S.I.N.: | | | | | | | | | | | | | | | | | | | | | |

Contract #: _____
Group no. _____ Certificate no. _____

Surname and given name of participant: _____

Complete residential address: _____

_____ Postal code _____

Phone no. at home: () - _____ At work: () - _____

Beneficiary or estate

Estate of the participant

OR

I designate as my beneficiary (in case of death):

Name(s) of beneficiary(ies): _____

I designate as my beneficiary (in case of death):

- Spouse Son-daughter Father-mother
 Brother-sister Spouse-son-daughter Other

This beneficiary is :

- Revocable
 Irrevocable

For Quebec residents only :

In Quebec, if designation is not indicated, the designation of the legal spouse is irrevocable and the designation of any other beneficiary is revocable.

Date | | | | | | | | | | | | | | | | | | | | | | Participant's signature _____