

INSTRUCTIONS

The present form must be duly completed, signed and sent to SSQ, Life Insurance Company Inc.

A copy of this form, along with a confirmation letter will be sent to the policyowner(s).

Policy Number	Name of current policyowner(s)	Name of insured(s)
_____	1. _____ 2. _____	1. _____ 2. _____

Beneficiary(ies) – A - life insurance, B - critical illness rider, C - critical illness insurance

- Indicate both the first name and the last name of the person who will receive the sums insured when they become payable under the chosen benefits.
- If more than one beneficiary is designated, indicate the percentage allocated for each beneficiary. The total allocation must be 100%. If the allocated percentages are not indicated, the sums insured will be divided evenly among the surviving eligible beneficiaries.
- Beneficiary designations are revocable, unless stated otherwise. In Quebec however, the designation of a legally married or civil union spouse of the policyowner is irrevocable unless stated to be revocable.
- In Quebec, the surviving parent is always the tutor of the child, unless otherwise stipulated by a court order.
- If minor children are designated as irrevocable beneficiaries, we must obtain a court order or wait until they reach their majority before proceeding with any change to the policy, such as a partial withdrawal, loan, surrender and other related changes.

A - Principal beneficiary(ies) and contingent beneficiary(ies) for life insurance

Insured 1	Insured 2
<p>_____ %</p> <p>First and last names of principal beneficiary 1</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>First and last names of principal beneficiary 1</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p>Contingent beneficiary 1 (In case of death of the beneficiary 1: more than one contingent beneficiary can be designated. The total percentage must be equivalent to the principal beneficiary 1)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>Contingent beneficiary 1 (In case of death of the beneficiary 1: more than one contingent beneficiary can be designated. The total percentage must be equivalent to the principal beneficiary 1)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>

A - Principal beneficiary(ies) and contingent beneficiary(ies) for Life Insurance (continued)

Insured 1	Insured 2
<p>_____ %</p> <p>First and last names of principal beneficiary 2</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>First and last names of principal beneficiary 2</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p>Contingent beneficiary 2 (In case of death of the beneficiary 2: more than one contingent beneficiary can be designated. The total percentage must be equivalent to the principal beneficiary 2)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>Contingent beneficiary 2 (In case of death of the beneficiary 2: more than one contingent beneficiary can be designated. The total percentage must be equivalent to the principal beneficiary 2)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p>First and last names of principal beneficiary 3</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>First and last names of principal beneficiary 3</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p>Contingent beneficiary 3 (In case of death of the beneficiary 3: more than one contingent beneficiary can be designated. The total percentage must be equivalent to the principal beneficiary 3)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>Contingent beneficiary 3 (In case of death of the beneficiary 3: more than one contingent beneficiary can be designated. The total percentage must be equivalent to the principal beneficiary 3)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p>First and last names of principal beneficiary 4</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>First and last names of principal beneficiary 4</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p>Contingent beneficiary 4 (In case of death of the beneficiary 4: more than one contingent beneficiary can be designated. The total percentage must be equivalent to the principal beneficiary 4)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>Contingent beneficiary 4 (In case of death of the beneficiary 4: more than one contingent beneficiary can be designated. The total percentage must be equivalent to the principal beneficiary 4)</p> <p>Relationship to insured (in Quebec, relationship to policyowner)</p> <p><input type="checkbox"/> Common-law spouse</p> <p><input type="checkbox"/> Married/Civil union spouse</p> <p><input type="checkbox"/> Other (specify): _____</p> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>

B - Beneficiary(ies) for Critical Illness Rider

Insured 1	Insured 2
<hr/> First and last names of beneficiary Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<hr/> First and last names of beneficiary Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

C - Beneficiary(ies) for Critical Illness Insurance

Insured 1	Insured 2
<hr/> First and last names of beneficiary(ies) for critical illness benefit Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<hr/> First and last names of beneficiary(ies) for critical illness benefit Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<hr/> First and last names of beneficiary(ies) for Return of Premium on Death benefit (critical illness) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<hr/> First and last names of beneficiary(ies) for Return of Premium on Death benefit (critical illness) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
<hr/> First and last names of beneficiary(ies) for Return of Premium on Surrender benefits (critical illness) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<hr/> First and last names of beneficiary(ies) for Return of Premium on Surrender benefits (critical illness) Relationship to insured (in Quebec, relationship to policyowner) <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married/Civil union spouse <input type="checkbox"/> Other (specify): _____ Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

When a minor is designated as beneficiary, it is suggested that a trust be constituted for claims purposes. Not applicable in Quebec. If a trust is constituted, please complete the information below.

Full Name of trustee

Relationship to insured

Current Policyowner(s) – declarations, required documents, consent and signatures

Required documents

The current policyowner is a **CORPORATION OR OTHER ENTITY**:

- enclose the provincial corporate registry when the corporate structure is simple, that is, one or two shareholders and/or administrators; otherwise;
- enclose a resolution confirming the person(s) authorized to proceed on behalf of the company when the ownership structure is complex and/or there are several intermediaries, shareholders and/or administrators.

The current policyowner is **TRUST** :

- Enclose the trust agreement or an equivalent document (the will for example) confirming the trustees, beneficiaries and settlors of the trust along with a decision from the trustees.

A decision from the trustees is not required when the trust agreement indicates the number of trustees required for a decision and these signatures have been received.

When the trust agreement does not provide details regarding the authorized persons and the signature of the majority of the trustees have been received. Take note that one of the majority trustees cannot be the beneficiary of the trustee.

The current policyowner is an **ESTATE**:

- Enclose a copy of the death certificate and the last will and testament of the deceased.

If the current policyowner is unfit to sign, a copy of the court-sanctioned power of attorney is required.

Consent and signatures

By signing below:

- you revoke the current revocable beneficiary designations and legal heirs of Insured 1 and/or Insured 2, in accordance with the guidelines mentioned on the first page of the form, **and**
- you declare that the information provided in this form is accurate and complete.

_____ Name of policyowner 1, authorized signatory, trustee or liquidator	X _____ Signature	_____ Date
_____ Name of policyowner 2, authorized signatory, trustee or liquidator	X _____ Signature	_____ Date
_____ Name of the witness	X _____ Signature of the witness	_____ Date

Signature of the irrevocable beneficiary(ies) (if applicable)

If the irrevocable beneficiary is deceased, submit their death certificate.

If the signature of the irrevocable beneficiary cannot be obtained, the divorce judgement along with the corollary relief matters are required (applicable in Quebec).

If the irrevocable beneficiary is a child (minor) and as such, the parents cannot sign on their behalf, a court order is required.

If the beneficiary is irrevocable, his signature is required. By signing below, the irrevocable beneficiaries consent to the transfer of ownership and relinquish their rights to the policy number mentioned in this form.

I(we) hereby agree to be revoked as irrevocable beneficiary(ies) of this policy.

_____ Name of the irrevocable beneficiary	X _____ Signature of the irrevocable beneficiary	_____ Date
--	---	---------------

Consent of the Trustee in bankruptcy (if applicable)

If you are discharged from your bankruptcy, submit a copy of the discharge. Otherwise, the consent of the Trustee (authorized signatory) is required.

_____ Name and title of authorized signatory (Trustee)	_____ Telephone number
X _____ Signature of the authorized signatory	_____ Date

IMPORTANT: This change is registered by SSQ, Life Insurance Company Inc. who assumes no responsibility in relation to the validity, conformity or legality.