

INSTRUCTIONS

- 1. Fill out the claimant's Statement, sign and date.
- 2. Fill out the payment option.

POLICY N°

1. Identification of the Deceased Person

Surname and first name	<table style="margin: auto;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table> Date of birth	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		

Marital status at death: Single Married Divorced Widowed

Address at time of death

Previous address if less than two years

2. Information on the Deceased Person

1. Does the person have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Date of death	3. Place of death
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4. Was death due to: <input type="checkbox"/> an accident <input type="checkbox"/> a murder <input type="checkbox"/> suicide <input type="checkbox"/> natural causes	5. Describe it briefly
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6. Was there an investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Was there an autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. If yes, indicate by whom and provide the observations

9. Did the person have a marriage contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Did the person leave a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. When did the deceased person began to show symptoms of poor health?
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12. When did the final illness begin?	13. What is the date of the first medical visit for the final illness?
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14. Was the deceased person treated or hospitalized over the last three years?

Names of physicians or hospitals	Date	Reason								
	<table style="margin: auto;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D			
	<table style="margin: auto;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	
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Y	Y	Y	Y	M	M	D	D			

15. Name and address of the family physician

16. Indicate any other insurance policies on the life of the deceased person

Names of companies	Dates of policies	Amounts								
	<table style="margin: auto;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	
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Y	Y	Y	Y	M	M	D	D			
	<table style="margin: auto;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D			

3. Tobacco Use

1. Did the deceased person use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. If not, did the person smoke previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. If yes, on what date did the smoking end?
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Please complete your statement on the other side of this form.

4. Identification of the Claimant

Surname and first name _____ Date of birth

Y	Y	Y	Y	M	M	D	D
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 Relationship with the deceased person _____

Address _____ Telephone _____

City _____ Province _____ Postal code _____

On what basis are you making this claim Beneficiary Liquidator Other: _____

I, the undersigned, hereby certify that the answers to the questions above are recorded correctly and that they are full, complete and truthful, to the best of my knowledge. I state that they have the same value as if they were made under oath.

X _____

Y	Y	Y	Y	M	M	D	D
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X _____

Witness's signature _____ Date _____ Claimant's signature _____

5. Death Benefit Payment Option (Where applicable, each beneficiary selects one of three options)

IMPORTANT:

The transfer of all or part of the death benefit to a registered annuity contract must be done by a financial security advisor. An analysis of your needs and your investor profile will help obtain investment solutions that are adapted to your objectives.

BENEFICIARY 1

- I request a lump-sum payment by cheque;
- I ask that the death benefit of which I am beneficiary be invested in full into an investment and retirement product with SSQ, Life Insurance Company Inc.;
- I ask that the death benefit of which I am beneficiary be invested in part into an investment and retirement product with SSQ, Life Insurance Company Inc. as follows:

Amount payable by cheque to me: \$ _____ or _____. Amount transferred to a registered annuity contract: \$ _____ or ____%

X _____

Y	Y	Y	Y	M	M	D	D
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Signature of the beneficiary _____ Date of the signature _____

BENEFICIARY 2

- I request a lump-sum payment by cheque;
- I ask that the death benefit of which I am beneficiary be invested in full into an investment and retirement product with SSQ, Life Insurance Company Inc.;
- I ask that the death benefit of which I am beneficiary be invested in part into an investment and retirement product with SSQ, Life Insurance Company Inc. as follows:

Amount payable by cheque to me: \$ _____ or ____%. Amount transferred to a registered annuity contract: \$ _____ or ____%

X _____

Y	Y	Y	Y	M	M	D	D
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Signature of the beneficiary _____ Date of the signature _____

BENEFICIARY 3

- I request a lump-sum payment by cheque;
- I ask that the death benefit of which I am beneficiary be invested in full into an investment and retirement product with SSQ, Life Insurance Company Inc.;
- I ask that the death benefit of which I am beneficiary be invested in part into an investment and retirement product with SSQ, Life Insurance Company Inc. as follows:

Amount payable by cheque to me: \$ _____ or ____%. Amount transferred to a registered annuity contract: \$ _____ or ____%

X _____

Y	Y	Y	Y	M	M	D	D
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Signature of the beneficiary _____ Date of the signature _____

If there are more than three named beneficiaries, please attach an additional sheet to indicate the desired payment option of the death benefit.