

This form enables you to designate other parties to your contract, to add them or to modify the choices that you have made upon subscription, as appropriate. Please complete only the sections in which you want to make or modify a designation. The choices that you make may have an impact on your contract, should one of the parties therein die. Please contact your financial security advisor for estate planning advice tailored to your personal needs. For more details, refer to your *Information Folder*.

**SSQ, Life Insurance Company Inc.** use the information provided in this application form for administrative purposes, with the exception of the social insurance number (SIN) which may only be used for tax purposes.

This form is applicable to the regular product (BRA1620 *Information Folder*) but it is not applicable to the SSQ Guaranteed Income product.

**Section 1: Information about the Investor** This information must be similar to the information provided in the Application form.

_____		Y   Y   Y   Y   M   M   D   D
Last name	First name	Date of birth
_____		
Last name of the co-investor (if applicable)	First name	Contract No.

**Section 2: Contingent Investor** (subrogated in Quebec)

Can be designated prior to the death of the last surviving annuitant. This person becomes the owner of the contract upon the death of the investor and the co-investor (s), if they die prior to the annuitant.

No contingent investor may be named if the investor is a **corporation**. Available for NRSP and TFSA contracts. For a TFSA, only the spouse may be designated.

Not available for RSP or RIF contracts.

Designation  Modification

_____		_____		
Last name	First name			Social insurance number
_____		_____		Y   Y   Y   Y   M   M   D   D
Address (No.) (if different from that of the investor)	Street	Apt.	Date of birth	
_____		_____		
City	Province		Postal code	
_____		_____		Sexe: <input type="checkbox"/> Female <input type="checkbox"/> Male
Telephone (home)	Telephone (office)	Ext.	Email	Language: <input type="checkbox"/> English <input type="checkbox"/> French

**Section 3: Successor Annuitant**

May be designated at any time before the death of the annuitant. Upon the death of the annuitant, the successor annuitant becomes the annuitant and the contract remains in force. This designation may be canceled or modified at any time before the death of the annuitant.

Available for NRSP and RIF contracts. For a RIF, only the spouse may be designated.

Not available for RSP or TFSA contracts.

Designation  Modification

_____		_____		
Last name	First name			Social insurance number
_____		_____		Y   Y   Y   Y   M   M   D   D
Address (No.) (if different from that of the investor)	Street	Apt.	Date of birth	
_____		_____		
City	Province		Postal code	

For SSQ use only

| | | | | | | | |  
Contract No.

SSQ Financial Group Client Services: 1-800-320-4887

PLEASE PRINT OUT 3 COPIES OF THE FORM : ONE FOR THE INVESTOR, ONE FOR THE ADVISOR AND ONE FOR SSQ.  
THE COPY SENT TO SSQ MUST CONTAIN THE ORIGINAL SIGNATURES AND CONSTITUTES THE ORIGINAL ESTATE PLANNING FORM.

## Section 4: Primary, Continuing and Contingent Beneficiaries

**Revocable:** You may change the beneficiary designation at any time upon written request.

**Irrevocable:** You may change the beneficiary designation only if the following documents are provided:

- 1) The written consent of the current irrevocable beneficiary (ies) (see section 5 of this form)
- 2) The divorce or separation decree (in the case where the current irrevocable beneficiary is the ex-spouse)
- 3) The death certificate (in the case where the current irrevocable beneficiary is deceased)

Primary Beneficiary(ies) Last Name, First Name	Relationship to the Annuitant (Or in Quebec, relationship to the investor)			%	Revocability of Primary Beneficiary		Date of Birth (If minor)
	Spouse*	Un-married Spouse	Other		Rev.	Irrev.	
i.	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D
ii.	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D
iii.	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D

Continuing Beneficiary(ies) <sup>1, 2, 3, 5</sup> Last Name, First Name	Date of Birth (If minor)	OR	Contingent Beneficiary(ies) <sup>1, 4, 5</sup> Last Name, First Name	%	Date of Birth (If minor)
i.	Y   Y   Y   Y   M   M   D   D				
ii.	Y   Y   Y   Y   M   M   D   D				Y   Y   Y   Y   M   M   D   D
iii.	Y   Y   Y   Y   M   M   D   D				Y   Y   Y   Y   M   M   D   D

\*Spouse or civil union partner → Civil unions are considered the same as marriage when contracted in compliance with prescribed rules before a competent officiant and registered with the provincial authorities.

<sup>1</sup> You may designate only one type of beneficiary to replace a deceased primary beneficiary or beneficiaries. (Continuing or Contingent)

<sup>2</sup> Upon the death of a primary beneficiary, the associated continuing beneficiary replaces him or her.

<sup>3</sup> Continuing beneficiary i) is linked to primary beneficiary i); continuing beneficiary ii) is linked to primary beneficiary ii), and continuing beneficiary iii) is linked to primary beneficiary iii).

<sup>4</sup> A contingent beneficiary has no rights unless all primary beneficiaries are deceased.

<sup>5</sup> The designation of a contingent or continuing beneficiary is always revocable.

If you want the death benefit to be paid out in the form of an annuity, please complete form FRA1744.

### Information about the Trustee (does not apply in Quebec)

Complete this section only if the beneficiary is a minor. A trustee must be appointed to receive payment on behalf of a designated beneficiary who is a minor until the beneficiary reaches the age of maturity. In Quebec, payment will be made in the name of the minor beneficiary and sent to the beneficiary's parent (s) or legal guardian.

Name of Trustee \_\_\_\_\_

Relationship to Trustee \_\_\_\_\_

## Section 5: Consentment of the Current Irrevocable Beneficiary (if applicable)

I, \_\_\_\_\_, designated as irrevocable beneficiary under the contract identified in section 1 of this form, give my consent to the designation(s), addition(s) or modification(s) requested above.

**X** \_\_\_\_\_

Current Irrevocable Beneficiary's Signature

Y | Y | Y | Y | M | M | D | D

Date

## Section 6: Signature of Investor

I authorize SSQ to carry out the designation(s), addition(s) or modification(s) requested. I understand that the validity of the new designation or the change of beneficiary shall be subject to applicable legislation.

**X** \_\_\_\_\_

Signature of Investor

Y | Y | Y | Y | M | M | D | D

Date

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Contract No. \_\_\_\_\_

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Investment