



Policy change without evidence of insurability

Version: January 2020

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

Instructions for advisors

Please complete this form for policy changes that don't require evidence of insurability.
If the policy has more than two insureds, please complete a second form.

If there is more than one policyowner, EACH policyowner must sign section H of this form.

To request a policy change with evidence of insurability, please complete an application (FIND0035A).

To request a policy change or reinstatement for accident / sickness insurance products, please complete the appropriate form, either the Policy Change form for Individual Disability Plan (FIND0040A) and/or the Policy Change form for AcciGuard (FIND0039A).

A – General information

New policy / amendment to be sent to: Advisor Policyowner(s)

Policy number _____

Policyowner 1 (to be completed if change of address)

Policyowner 2 (to be completed if change of address)

Same address as Policyowner 1

First and last names _____

First and last names _____

Address (civic number, street) _____

Address (civic number, street) _____

City _____ Province _____
Postal code _____ Telephone _____

City _____ Province _____
Postal code _____ Telephone _____

B – Changes requested

If the policy is not already governed by the tax rules in effect as of January 1st 2017, certain changes that do not require evidence of insurability may cause a change to the tax rules applicable to the policy.

If there is more than one policyowner on the policy for which a change is being requested, EACH policyowner must sign section H of this form.

B1 – Common changes Please check appropriate box.

Deletion of insured (at monthly premium due date following the reception of the request)

Name of insured(s) _____

Deletion of benefit or additional benefit (at monthly premium due date following the reception of the request)

Name of insured(s) _____

Benefit _____

Reduction of face amount (at monthly premium due date following the reception of the request)

Name of insured(s) _____

Benefit _____

\$ _____
Reduction to

For any conversion towards a whole life and universal life insurance, sections D, E, F and G must be completed.

Total conversion on the existing policy – Not available if the existing policy is a universal life insurance policy governed by the tax rules in effect before January 1st 2017.
Applicable when there is more than one benefit in force.

Total conversion on a new policy

Partial conversion on the existing policy – Not available if the existing policy is a universal life insurance policy governed by the tax rules in effect before January 1st 2017.

Preserve the face amount balance Cancel the face amount balance

Partial conversion on a new policy

Preserve the face amount balance Cancel the face amount balance

• Complete also section B4 if conversion is towards a universal life insurance.

• For any conversion of a policy for which the premium payment frequency is annual or semi-annual, please attach the balance of premium by cheque, in accordance with section C1 of this form.

Name of insured(s) _____

Previous benefit _____

New benefit _____

\$ _____
Face amount converted

Name of insured(s) that must be canceled _____

Continuation Privilege of the \$20,000 Critical Illness Rider in case of conversion

If the \$20,000 Critical Illness Rider (the «Rider») is attached to the benefit that you wish to convert, you have the option to maintain the Rider in force after the conversion, in accordance with the Continuation Privilege indicated in the Rider. Do you wish to maintain your \$20,000 Critical Illness Rider in force after the conversion, in accordance with your Continuation Privilege?

No Yes

Exchange program

- Available after the 1st anniversary and prior to the 5th anniversary of the Term 10 benefit and Term Plus T10 to Term Plus T35.

- Available for Term 10 benefits issued as of January 1st, 2011. Available for new generation Term Plus October 2019.

Term 10 to Term 20 Name of insured(s) _____

Term 10 to Term 70 Name of insured(s) _____

Term Plus (actual term) _____ to Term Plus (new term) _____ Name of insured(s) _____

The exchange will be applied on the existing policy and the additional benefits will remain, unless stated otherwise. However, if the exchange concerns a Term 10 benefit that is a rider on a universal life insurance policy governed by the tax rules in effect before January 1st 2017, the exchange will be applied on a new policy. The exchange is available only on a term higher than the actual term.

Change to the death benefit option within the first 12 months (for Term Plus contracts only)

From Level to Decreasing From Decreasing to Level

Division of Multi-Life or Multi-Insureds coverage (at monthly premium due date following the reception of the request) – \$25 fee (for universal life insurance: \$50 fee)

- Complete a new application without completing the personal and medical history sections, for the insured being removed from the policy. In the case of whole life insurance and universal life insurance, sections **B4, B5, B6 and F are mandatory** in the new application.
- Complete the *Change of Owner* form (FIND0206) to change the policyowner or beneficiary, as the case may be, for the insured that remains on the policy.

Change of Joint coverage to Individual coverage → **to the pro rata of face amount per number of insureds**
(at monthly premium due date following the reception of the request) – \$50 fee

Name of insured(s) that must be canceled _____

- Complete a new application without completing the personal and medical history sections, for all insureds requiring an individual coverage. In the case of whole life insurance and universal life insurance, sections **B4, B5, B6 and F are mandatory** in the new application.

Other change (specify) _____

B2 – Increase of face amount without evidence of insurability (e.g. Term Plus, Loan Insurance, Mortgage Insurance, Decreasing Term Plus)

Please check appropriate box and include all pertinent documents in all cases.

- For any Increase of face amount without evidence of insurability on a policy for which the premium payment frequency is annual or semi-annual, please attach the balance of premium by cheque, in accordance with section C1 of this form.

Increase of face amount (Term Plus or Loan Insurance)

This option must be exercised within 60 days following the acquisition of a new loan or the increase of the current loan or one of the life events indicated in the contract.

The total of all increases requested **cannot exceed the LESSER** amount of 25% of the sum insured **OR** \$100,000.

Increase of monthly indemnity (Term Plus or Loan Insurance)

This option must be exercised at the same time the increase of face amount is done on the life insurance coverage of Term Plus or Loan Insurance. The monthly indemnity will be increased in proportion to the increase of the face amount under the life insurance coverage.

Increase of face amount (Mortgage Insurance)

This option must be exercised within 60 days following the acquisition of a new loan or the increase of the current loan.

The total of all increases requested **cannot exceed the LESSER** amount of 25% of the sum insured at issue **OR** \$100,000 **OR** the actual increase of the mortgage loan or the amount of the new loan.

Increase of monthly annuity (Decreasing Term Plus)

This option must be exercised within 30 days following the contract's anniversary date.

The increase for **any given year cannot exceed** 15% of the initial monthly annuity as indicated in the contract. The total of all increases requested **cannot exceed** 50% of the initial monthly annuity indicated in the contract.

Name of insured 1: _____

Name of insured 2: _____

Increase to: \$ _____

Increase to: \$ _____

Declaration of insured 1

I attest that I am not disabled.

X _____

Signature of insured 1

Date

Declaration of insured 2

I attest that I am not disabled.

X _____

Signature of insured 2

Date

B3 – Changes without evidence of insurability for universal life insurance Please check appropriate box.

Cost of insurance – \$25 fee

The net amount at risk remains the same following a change in the cost of insurance.

- from YRT to T20-YRT (UL Investment only)
- from YRT 85/20 to T20-YRT (UL Investment only)
- Change to T100*

*The T100 cost of insurance is only available on certain universal life insurance products.

Death benefit and Indexation – \$25 fee

- from Increasing to Level
- from Level to Increasing (*net amount at risk remains the same*)
- from Indexed to Non-Indexed

Indexation

Face amount adjustment

- Change from Maximizer option to Increase option
- Change from Increase option to No Increase option
- Change from Maximizer option to No Increase option
- Change from Increase and Decrease option to No Increase option

Change of billed premium

New annual premium \$ _____

New modal premium \$ _____

B4 – Conversion to universal life insurance Please join an illustration signed by the policyowner(s).

Cost of insurance type	<input type="checkbox"/> Yearly Renewable Term (YRT) <input type="checkbox"/> T100 <input type="checkbox"/> Other (specify): _____
Death benefit option	<input type="checkbox"/> Level death benefit (only available for the YRT cost of insurance type) <input type="checkbox"/> Increasing death benefit When the death benefit is increasing: For a Joint, Last to die policy, funds will be payable upon last death.
Annual billing premium (including all additional benefits, if any)	\$ _____
Face amount adjustment (tax exemption) If there is no option chosen, the "No Increase" option will be applied by default.	<input type="checkbox"/> Option 1: No Increase – No face amount increase (transfer of the excess funds to the transitory deposit account); <input type="checkbox"/> Option 2: Exempt Test Increase – Face amount increase (maximum 8%) and, if necessary, transfer of the excess funds to the transitory deposit account; <input type="checkbox"/> Option 3: Increase and Decrease – Increase and decrease of the face amount (minimum equals initial face amount); <input type="checkbox"/> Option 4: Maximizer (complete the "Information for the Maximizer option" section below). The Maximizer option is only available for the YRT cost of insurance type.

Maximizer option

- Do not forget to specify durations and face amount.
- In the absence of details regarding the durations and minimum face amount, the default values are as follows: The beginning of duration will correspond to *6 years from the issue date*, the end of the duration will correspond to *100 years less the insured's age at issue* and the minimum face amount will correspond to *face amount of the policy*.

Optimization of exemption test

- Beginning of the duration: _____ years (minimum duration: 6 years from issue date)
- End of the duration: _____ years (maximum duration: 100 years minus the age of the insured at the issue date)
- Minimum face amount: \$_____ (minimum \$25,000, maximum face amount chosen)

Investment options and percentage split

- Please indicate your investment choices and percentage split below.
- The total percentage split must equal 100% (minimum 10% per account).
- In case no investment account is chosen, premiums and deposits are credited in the daily interest account.
- For two accounts or more, if no split percentage is specified, premiums and deposits are equally divided between the accounts.

In order to help you choose an appropriate investment strategy, it is necessary to assess your risk tolerance and the amount of return you hope to achieve, while taking into account your time horizon. Each investor's target asset allocation mix is determined according to their situation, needs and constraints. With these factors in mind, it is necessary that your financial security advisor / representative establishes your investor profile with you in order for him/her to advise you accordingly.

Managed accounts		Interest accounts	
Conservative Strategy	%	Daily interest account	%
Balanced Strategy	%	1-year guaranteed interest account	%
Growth Strategy	%	3-year guaranteed interest account	%
Aggressive Strategy	%	5-year guaranteed interest account	%
CI Cambridge Canadian Asset Allocation	%	10-year guaranteed interest account	%
CI Signature Global Income and Growth	%	Indexed accounts	
Guardian Conservative Monthly Income	%	Canadian Money Market (3-month Treasury Bill)	%
Guardian Monthly Income	%	Canadian Bonds (FTSE Canada Universe Bond)	%
PIMCO Bond	%	Canadian Equity (S&P/TSX)	%
PIMCO Global Bond	%	US Equity (S&P 500)	%
Triasima Canadian Equity	%	US Equity, Technology (MSCI US IM Information Technology 25/50)	%
Guardian Canadian Dividend Equity	%	Small Cap US Equity (S&P SmallCap 600)	%
Hillsdale US Equity	%	International Equity (MSCI EAFE)	%
Hexavest All-Country Global Equity	%	Global Equity (MSCI World Ex Canada)	%
Fiera Capital Global Equity	%	Emerging Market Equity (MSCI Emerging Markets)	%
TD Global Dividend Equity	%	Other (specify)	
C WorldWide International Equity	%		%
Lazard Global Infrastructure	%		%
Morgan Stanley Global Real Estate	%		%
Fisher Emerging Markets Equity	%		%
TOTAL			100%

C – Payment of premiums

In accordance with the **Proceeds of Crime (Money Laundering) and Terrorist Financing Act** and its regulations, the financial security advisor / representative and the policyowner(s) must complete the *Determination of politically exposed persons and heads of an international organization* (FRA1234A) form for any lump sum deposit of \$100,000 and more.

C1 – General information

Total premium amount for this policy change request: \$ _____

New billing premium for the policy following the change (universal life insurance only): \$ _____

Method of payment

Enclosed cheque for the amount of \$ _____ Date of cheque | Y | Y | Y | Y | M | M | D | D |

Cashed on reception of this change request.

Pre-authorized debit drawn from the same bank account associated with the policy number mentioned in section A of this form

Pre-authorized debit drawn from a new bank account (complete section C2 and attach a specimen cheque)

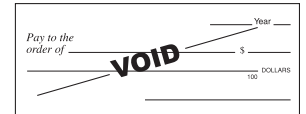
C2 – Pre-authorized debit agreement

- I hereby authorize SSQ, Life Insurance Company Inc. to debit my account as per my instructions and/or as detailed in the contract of insurance, for monthly recurring payments and/or one time payments from time to time, in payment of all charges, including any applicable financing charges and taxes, arising from the contract of insurance.
- The amount of the pre-authorized debit may be increased or decreased at a later date as a result of endorsements, cancellation, exclusions or renewal of the contract of insurance. I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as variable amount pre-authorized debits. I understand that the same method of payment will apply upon renewal of the contract of insurance, if applicable, unless I notify SSQ, Life Insurance Company Inc. before the renewal date of the contract of insurance.
- I understand that a financing charge may be applicable and spread over the instalments.
- If a pre-authorized payment is returned due to insufficient funds (NSF), SSQ, Life Insurance Company Inc., is authorized to re-submit the payment. Any charges incurred as a result of NSF may be added to the subsequent pre-authorized payment.
- I agree to inform SSQ, Life Insurance Company Inc., by way of a letter, of any change in the account information provided in this Agreement at least ten (10) business days prior to the next debit to my account.
- I agree to the debiting of my account each month on the day selected in this **Policy Change** form or the next business day.
- I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as Personal.
- I agree and understand that SSQ, Life Insurance Company Inc. will not notify me before each withdrawal.**
- In the event that I instruct SSQ, Life Insurance Company Inc. to change the amount of the pre-authorized debit, I waive the right to receive the required notice.
- I may cancel this authorization for pre-authorized debits at any time, subject to providing SSQ, Life Insurance Company Inc. with thirty (30) days notice in writing. I may contact my financial institution about my rights regarding cancellation, or visit **www.cdnpay.ca** for a sample cancellation form.
- I understand that SSQ, Life Insurance Company Inc. reserves the right to terminate this Agreement upon fifteen (15) days notice in writing.
- Any cancellation of this Agreement will not terminate or otherwise have any bearing on any Agreement that exists with SSQ, Life Insurance Company Inc. whatsoever with respect to any contract of insurance, so long as payment is provided by an alternate method accepted by SSQ, Life Insurance Company Inc.
- I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit **www.cdnpay.ca**.

SSQ, Life Insurance Company Inc. Premium Accounting

1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9

Please attach a specimen cheque, on which you have written "VOID", for the account to be debited.



Name of Financial Institution _____

Address, City, Province and Postal Code of the Branch _____

Branch | Financial Institution Number | Account Number

Authorization

For a joint account, all account holders must sign if more than one signature is required on cheques issued from the account.

Name of Account Holder or Authorized Person (in capital letters) X Signature | Y | Y | Y | Y | M | M | D | D | Date

Name of Account Holder or Authorized Person (in capital letters) X Signature | Y | Y | Y | Y | M | M | D | D | Date

D – Declaration of Tax Residence of policyowner(s) (self-certification)

(applicable to a conversion towards a whole life insurance and universal life insurance)

The information provided on the Declaration of Tax Residence section must be correct and complete. The policyowner(s) must provide SSQ, Life Insurance Company Inc. with a new tax residence declaration within 30 days of any change in circumstances that causes the information on this form to be incomplete or inaccurate (for example, changing a bank account for one in a financial institution in a country other than Canada or the United States, changing an address for an address in a country other than Canada or the United States, etc.).

The policyowner is a corporation or other type of entity

The Declaration of Tax Residence must be completed on the form *Verification of the existence (identity) of corporations and other entities* (FRA1235A).

Policyowner 1 (individual)	Policyowner 2 (individual)
<p>Check (✓) all options that apply to you:</p> <p><input type="checkbox"/> I am a tax resident of Canada</p> <p><input type="checkbox"/> I am a tax resident in a jurisdiction other than Canada or the United States → If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A)</i> is mandatory.</p> <p><input type="checkbox"/> I am a tax resident of the United States → If you check this box, the Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A) is mandatory</p>	<p>Check (✓) all options that apply to you:</p> <p><input type="checkbox"/> I am a tax resident of Canada</p> <p><input type="checkbox"/> I am a tax resident in a jurisdiction other than Canada or the United States → If you check this box, the form <i>Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A)</i> is mandatory.</p> <p><input type="checkbox"/> I am a tax resident of the United States → If you check this box, the Declaration of Tax Residence (Self-Certification) – Individual (FRA1737A) is mandatory</p>

E – Policyowner(s) identity verification (applicable to a conversion towards a whole life insurance and universal life insurance)

The financial security advisor / representative must:

- verify the identity of each policyowner (required by *the Proceeds of Crime (Money Laundering) and Terrorist Financing Act*);
- review the applicable document indicated below for that person (must be a government issued photo identification document). In Quebec, you are not allowed to request the client's Health Card, but you can accept it only if the client offers it to you. In the provinces of Ontario, Manitoba, Nova Scotia and Prince Edward Island, the use of a Health Card for identification purposes is prohibited;
- indicate, for each person, which of the required documents has been reviewed, its number, its expiration date and jurisdiction. The identifying document must be an unexpired original. If the document is "Other photo identification document admissible by Law", please specify the type of document verified.

Policyowner 1	Policyowner 2
<p>_____</p> <p>Name of the policyowner (as appearing on the document)</p> <hr/> <p>Principal business or detailed occupation and field of activity (if retired, indicate the last profession and work field)</p> <p>Is the policyowner a canadian citizen or a permanent resident (holds a permanent resident card)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The policyowner must be a canadian resident.</p> <p><input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Citizenship card with photo</p> <p><input type="checkbox"/> Other photo identification document admissible by Law (specify): _____</p> <hr/> <p>Document number Jurisdiction</p> <p>Y Y Y Y M M D D </p> <p>Document expiration date SIN*</p>	<p>_____</p> <p>Name of the policyowner (as appearing on the document)</p> <hr/> <p>Principal business or detailed occupation and field of activity (if retired, indicate the last profession and work field)</p> <p>Is the policyowner a canadian citizen or a permanent resident (holds a permanent resident card)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The policyowner must be a canadian resident.</p> <p><input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Citizenship card with photo</p> <p><input type="checkbox"/> Other photo identification document admissible by Law (specify): _____</p> <hr/> <p>Document number Jurisdiction</p> <p>Y Y Y Y M M D D </p> <p>Document expiration date SIN*</p>

* Social Insurance Number (SIN) required for tax purposes (applicable for whole life and universal life insurance products); not required when the policyowner is a corporation or another type of entity.

F – Third party determination (applicable to a conversion towards a whole life insurance and universal life insurance)

In accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations, the financial security advisor / representative must make reasonable efforts to determine, with regard to the present application, if the policyowner(s) is (are) acting on behalf of a third party (individual, company or other type of entity).

When you must determine whether a “third party” is involved, it is not about who “owns” the money, but rather about who gives instructions to deal with the money. If the individual in front of you is acting on someone else’s instructions, that someone else is the third party. For the purposes of third party determination, employees acting on behalf of their employers are considered to be acting on behalf of a third party.

When the premium payer is a different person or entity than the policyowner(s), the payer is considered a third party and the section below must be completed.

Is (are) the policyowner(s) acting on behalf of a third party (individual, company or other type of entity) or is there a third party to this contract?

- Yes → complete the “Third party identification” section below.
- No
- It is impossible to determine whether the policyowner(s) is (are) acting on behalf of a third party, but I have reasonable grounds to believe that he/she (they) is (are) → complete the “Third party identification” section below.

Is the person or entity paying the premiums/amounts in the insurance contract different from the policyowner(s)?

- Yes → complete the “Third party identification” section below.
- No

Third party identification (if applicable)

Name of the third party

Date of birth (if third party is an individual)

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

Full permanent address of the third party

Principal business or detailed occupation and field of activity (if retired, indicate the last profession)

Relationship between the third party and the policyowner(s)

If the third party is a corporation or other type of entity: _____

Business number

Place of issuance of its certificate of constitution

If you cannot obtain the above-mentioned information on the third party, please provide the reasons in the space below:

If you cannot determine if the policyowner is acting on behalf of a third party, but have reasonable grounds to suspect that he is, please provide the reasons in the space below:

G – Purpose of insurance (applicable to a conversion towards a whole life insurance and universal life insurance)

G1 – Personal insurance

- Income / Loan protection Estate conservation Charitable donations

G2 – Business insurance

- Buy / sell agreement Collateral loan (specify the amount: \$ _____) Estate planning
- Key person protection Other (specify): _____

H – Signatures If there is more than one policyowner on the policy for which a change is being requested, EACH policyowner must sign this section.

I (we) ask SSQ, Life Insurance Company Inc. to change the policy mentioned in section A of this form, based on the information provided in said form. This form is deemed to form part of the insurance contract between the policyowner(s) and SSQ, Life Insurance Company Inc. The change(s) will take effect on the date SSQ, Life Insurance Company Inc. will process this request.

II (we) agree that I (we) received the advisor's explanations concerning the possibility of a tax rule change that certain changes, which require evidence of insurability, may cause, if any. As such, the entire policy could be subject to the tax rules in effect as of January 1st 2017, if it is not already the case.

I (we) declare that the information provided on the Declaration of Tax Residence section is correct and complete and agree to provide SSQ, Life Insurance Company Inc. with a new tax residence declaration within 30 days of any change in circumstances that causes the information on this form to be incomplete or inaccurate.

_____ this _____ day of _____ of year _____
Signed at (city and province) Date

X

Signature of policyowner 1

X

Signature of policyowner 2

X

Signature of the policyowner(s) for the payment of the universal life change fees from the accumulate funds

X

X

Signature of the irrevocable beneficiary(ies) of original policy

X

If the policyowner(s) is a company (are companies) or other entity (entities):

Name and title of authorized signatory

X

Signature

Name and title of authorized signatory

X

Signature

I – Financial security advisor’s / representative’s report

I1 – Information about financial security advisor / representative

The following information is necessary for this form to be processed and for commissions to be paid.

Name of service advisor (in capital letters)

Agency

Code of financial security advisor / representative

Share % (multiples of 5%)

Telephone number

Name of other advisor sharing commission (if applicable) (in capital letters)

Agency

Code of financial security advisor / representative

Share % (multiples of 5%)

Telephone number

Name of other advisor sharing commission (if applicable) (in capital letters)

Agency

Code of financial security advisor / representative

Share % (multiples of 5%)

Telephone number

I2 – Signature of financial security advisor / representative

I confirm that I have provided an “Advisor Disclosure Statement” to the policyowner(s) disclosing the following:

- the name of the company or companies I represent at this moment;
- that I will receive compensation such as commissions for the sale of life and critical illness insurance company products;
- that I may receive additional compensation in the form of bonuses, conference programs or other incentives; and
- that I have disclosed any conflict of interest that I may have with respect to this transaction.

I declare that I have a valid licence for the territory where this form has been signed.

I hereby declare that all information in this form is true and complete to the best of my knowledge.

Third party determination (applicable only to a conversion towards whole life insurance and universal life insurance)

In accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations, I have made reasonable efforts to determine if the policyowner(s) is (are) acting on behalf of a third party.

Name of financial security advisor / representative (in capital letters)

X

Signature of financial security advisor / representative (in capital letters)

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

Comments and details of financial security advisor / representative
