

# Changes made to applications and forms December 4, 2018

Below is a summary of the main changes that have been made to the policy application form.



## Policy application Individual insurance (FIND0035)



### Policy application

For the following products:

- Permanent life
- Term life
- Term Plus
- Critical illness
- Universal life

**1**

### Cover

- 1** List of offered products added.

**Policy changes requiring evidence of insurability**

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

If there is more than one policyowner, EACH policyowner must sign Section L of this application. For any addition of insured or addition of benefit on a policy, each insured and/or policyowner covered by Waiver of Premium on such policy must complete Sections I and J (use additional applications as required).

To request a policy change requiring evidence of insurability, complete the following sections of this application in accordance with the type of change requested:

- Addition of insured** – Not available for any universal life insurance policy. Complete Sections B1, B2, (B3, B4 and B6 if addition of whole life insurance of **1** of policyowner), B5, B7, C, D5, E, F, G, H if child, I, J, K, L, N, O and the Authorization at the end of the application.

**B2 – Employment details**

Insured 1	Insured 2
Profession/Occupation and years of service (current employer) – provide details (if retired, indicate the last profession and field of activity)	Profession/Occupation and years of service (current employer) – provide details (if retired, indicate the last profession and field of activity)
Tasks involved in occupation	Tasks involved in occupation
Nature of employer's business	Nature of employer's business

## Section A Basic information

**1** “If addition of whole life insurance” added.

## Section B2 Employment details

**2** Statement concerning the retired insured (insured 1 and 2) added.

**3** The nature of the employer’s business was moved to under “Tasks involved in occupation” (insured 1 and 2).

**B3 – Policyowner(s)**

- Maximum of 2 policyowners per policy.
- For whole life and universal life insurance, when the policyowner is a corporation or another type of entity, please complete the *Verification of the existence (identity) of corporations and other entities form (FRA1235A)* available in the “Forms and Questionnaires – Anti-money laundering” section of the library in the illustration software.

The policyowner(s) is (are):  Insured1  A distinct policy will be issued for insured 1 and insured 2. Each insured will be the sole policyowner of their policy.  Insured 2  Other (if a policyowner is not one of the insureds, please provide the information requested below)

Policyowner 1 (if not an insured)	Policyowner 2 (if not an insured)
First and last names or full legal name of company or other entity	First and last names or full legal name of company or other entity
Relationship to insured Business number (if applicable)	Relationship to insured Business number (if applicable)
Address	Address
Telephone	Telephone
Principal business or detailed occupation and field of activity (if retired, indicate the last profession and field of activity)	Principal business or detailed occupation and field of activity (if retired, indicate the last profession and field of activity)

## Section B3 Policyowner(s)

**4** A fourth option for cases where a spouse makes a policy application, but both insureds want to be a policyowner, was added.

**5** Principal business or detailed occupation added to field of activity (and a statement on retirees) for insured 1 and 2.

**B4 – Declaration of Tax Residence of policyowner(s) (self-certification)**

(applicable to whole life and universal life insurance products)

The insured(s) and the policyowner(s) must be tax residents of Canada in order for an insurance policy to be issued. The information provided on the Declaration of Tax Residence section must be correct and complete. The policyowner(s) must provide SSQ Insurance Company 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 **6** 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.).

## Section B4 Declaration of Tax residence of Policyowner(s) (self-certification)

**6** “The insured(s) and the policyowner(s) must be tax residents of Canada in order for an insurance policy to be issued” added.

**Third party identification (if applicable)**

Name of the third party \_\_\_\_\_ [ Y \_ Y \_ Y \_ Y | M | D \_ D ] \_\_\_\_\_  
Date of birth (if third party is an individual)

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) \_\_\_\_\_

**2**

## Section B6 Third party determination

- 1** Statement on full permanent address of the third party added.
- 2** Stipulation that the date of birth is required if the third party is an individual.
- 3** Principal business or detailed occupation added to field of activity (and a statement on retirees).

\_\_\_\_\_ %

**First and last names of beneficiary 3** \_\_\_\_\_ **First and last names of beneficiary 3** \_\_\_\_\_

Relationship to insured (in Quebec, relationship to policyowner) \_\_\_\_\_ Relationship to insured (in Quebec, relationship to policyowner) \_\_\_\_\_

Common-law spouse  Common-law spouse  
 Married/Civil union spouse  Married/Civil union spouse  
 Other (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

Designation:  Revocable  Irrevocable Designation:  Revocable  Irrevocable

**4**

\_\_\_\_\_ %

**First and last names of beneficiary 4** \_\_\_\_\_ **First and last names of beneficiary 4** \_\_\_\_\_

Relationship to insured (in Quebec, relationship to policyowner) \_\_\_\_\_ Relationship to insured (in Quebec, relationship to policyowner) \_\_\_\_\_

Common-law spouse  Common-law spouse  
 Married/Civil union spouse  Married/Civil union spouse  
 Other (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

Designation:  Revocable  Irrevocable Designation:  Revocable  Irrevocable

**4**

\_\_\_\_\_ %

**Contingent beneficiary 3** (In case of death of the beneficiary 3 designated above, the percentage must be equivalent) \_\_\_\_\_ **Contingent beneficiary 3** (In case of death of the beneficiary 3 designated above, the percentage must be equivalent) \_\_\_\_\_

Relationship to insured (in Quebec, relationship to policyowner) \_\_\_\_\_ Relationship to insured (in Quebec, relationship to policyowner) \_\_\_\_\_

Common-law spouse  Common-law spouse  
 Married/Civil union spouse  Married/Civil union spouse  
 Other (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

Designation:  Revocable  Irrevocable Designation:  Revocable  Irrevocable

**5**

\_\_\_\_\_ %

**Contingent beneficiary 4** (In case of death of the beneficiary 4 designated above, the percentage must be equivalent) \_\_\_\_\_ **Contingent beneficiary 4** (In case of death of the beneficiary 4 designated above, the percentage must be equivalent) \_\_\_\_\_

Relationship to insured (in Quebec, relationship to policyowner) \_\_\_\_\_ Relationship to insured (in Quebec, relationship to policyowner) \_\_\_\_\_

Common-law spouse  Common-law spouse  
 Married/Civil union spouse  Married/Civil union spouse  
 Other (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

Designation:  Revocable  Irrevocable Designation:  Revocable  Irrevocable

**5**

\_\_\_\_\_ %

**First and last names of beneficiary(ies) for Return of Premium on Death benefit (critical illness)** \_\_\_\_\_ **First and last names of beneficiary(ies) for Return of Premium on Death benefit (critical illness)** \_\_\_\_\_

Relationship to insured (in Quebec, relationship to policyowner) \_\_\_\_\_ Relationship to insured (in Quebec, relationship to policyowner) \_\_\_\_\_

Common-law spouse  Common-law spouse  
 Married/Civil union spouse  Married/Civil union spouse  
 Other (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

Designation:  Revocable  Irrevocable Designation:  Revocable  Irrevocable

**6**

## Section B7 Beneficiary(ies) – Life insurance, critical illness rider and critical illness insurance

- 4** Third and fourth beneficiary designation added to insured 1 and 2 (page 8).
- 5** Third and fourth contingent beneficiary added to insured 1 and 2 (page 9).

**6** "ROP" replaced by "Return of Premium" (page 10).

**C4 – Critical illness insurance**

**Critical illness insurance - adult**

- Complete Section B7.
- Critical illness insurance is only available in Individual/Multi-Life coverage.
- The Return of Premium (ROP) is available only when the critical illness insurance is submitted or when adding a critical illness insurance face amount for which evidence of insurability is required.

1

**C5 – Universal life insurance (continued)**

**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.

2

**Optimization of exemption test**

- At the beginning of the duration: [ Y | Y | Y | Y | M | D | D ] (minimum 5 years since effective date)
- At the end of the duration: [ Y | Y | Y | Y | M | D | D ]
- Minimum face amount: \$ \_\_\_\_\_ (minimum \$25,000, maximum face amount chosen)

3

Managed accounts	Interest accounts	Indexed accounts	Other (specify)
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	%		
Guardian Conservative Monthly Income	%	Canadian Money Market (3-month Treasury Bill)	%
Guardian Monthly Income	%	Canadian Bonds (FTSE TMX 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 Small Cap 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	%		
C WorldWide International Equity	%		%
Lazard Global Infrastructure	%		%
Morgan Stanley Global Real Estate	%		%
Fisher Emerging Markets Equity	%		%
<b>TOTAL</b>			<b>100%</b>

5

5

5

4

6

6

7

7

**Section C4  
Critical illness insurance**

1 “The Return of Premium (ROP) is available only when the initial critical illness insurance is submitted or when adding a critical illness insurance face amount for which evidence of insurability is required” was added.

**Section C5  
Universal life insurance**

2 Statement added concerning the default values in the absence of specifications concerning the durations and minimum insured capital.

3 “If no end date is specified, the optimization will take place every year” removed.

4 Managed Accounts and Interest Accounts were interchanged.

**5 These managed accounts were added:**

- PIMCO Bond
- PIMCO Global Bond
- Triasima Canadian Equity
- Hillsdale US Equity
- Hexavest All-Country global Equity
- Fiera Capital Global Equity
- C WorldWide International Equity
- Lazard Global Infrastructure
- Morgan Stanley Global Real Estate
- Fisher Emerging Markets Equity

**6 The names of these indexed accounts were modified:**

- US Equity, Technology (MSCI US IM Information Technology 25/50)  
Formerly: US Equity, Science & Technology (NASDAQ100)
- Small Cap US Equity (S&P Small Cap 600)  
Formerly: Small Cap US Equity (Russell 2000)

**7 These indexed accounts were added:**

- Global Equity (MSCI World Ex Canada)
- Emerging Market Equity (MSCI Emerging Markets)

**These accounts were deleted:**

- European Equity (EURO STOXX50)
- Japanese Equity (Nikkei225)

#### D – 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.

1

##### D1 – First premium payment

- In all cases except "Payable on delivery of policy", the first premium payment will be cashed on reception of this application.
- The payment of the first premium by pre-authorized debit will be withdrawn from the bank account indicated in Section M and appearing on the specimen cheque attached to this application.
- If the premium payment frequency is annual, the amount payable by credit card is limited to 1/12<sup>th</sup> of the annual premium (or 1/12<sup>th</sup> of the MINIMUM annual premium for universal life insurance), subject to a maximum of \$5,000.
- If the premium payment frequency is monthly, the amount payable by credit card is limited to the first monthly premium (or first MINIMUM monthly premium for universal life insurance), subject to a maximum of \$5,000.

Amount of first premium payment (amount paid with this application): \$ \_\_\_\_\_

##### Only check one box.

- Pre-authorized debit (available only if the payment frequency chosen in Section D3 is monthly)  
**Withdrawal on reception of this application**
- Credit card (complete Section P)  
**Cashed on reception of this application**
- Pre-authorized debit (available only if the payment frequency chosen in Section D3 is monthly)  
**Withdrawal upon settling of the policy**
- On delivery of policy  
**Payable on reception of settling requirements**
- Enclosed cheque (payable to SSQ Insurance Company Inc.)  
**Cashed on reception of this application**

2

##### D2 – Payment of premiums

Total annual premium, including the primary application, as well as all additional applications: \$ \_\_\_\_\_

Chosen or initial modal premium: \$ \_\_\_\_\_

Annual billing premium for universal life insurance only (including all additional benefits): \$ \_\_\_\_\_

##### D3 – Payment frequency

- Annual
- Monthly (pre-authorized debits)

- If left blank, the payment frequency will be monthly.
- For pre-authorized debits, attach a specimen cheque and complete Section M.

##### D4 – Day of withdrawal

- Day of withdrawal at issue date  
**OR**  
 Specify the day: \_\_\_\_\_

- If left blank, the day of withdrawal will be the policy issue date.
- If the day of withdrawal specified is the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup>, the day of withdrawal will be the 28<sup>th</sup>.
- **Universal life only: If the day of withdrawal specified is after the policy issue date, the day of withdrawal will be automatically changed to coincide with the policy issue date.**

##### D5 – Policy change

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 |
- Pre-authorized debit drawn from the same bank account associated with the policy number mentioned on page 3 of this application
- Pre-authorized debit drawn from a new bank account (complete Section M and attach a specimen cheque)

#### E – Insurance in force (Section E must be completed at all times)

- If this application replaces any insurance in force, the prior notice of replacement form(s) must be completed and submitted, in accordance with the applicable terms of the concerned provinces, with the application or at the latest in the five (5) following working days (three (3) working days outside Quebec). A notice of replacement form is not required for the replacement of critical illness insurance, except in Quebec.
- If the insurance being replaced is a creditor's group insurance offered by a bank, credit union or other lender, a notice of replacement form is not required.

1. Do you have existing individual insurance? **Insured 1 :**  NO  YES → If yes, please provide the information below.  
**Insured 2 :**  NO  YES → If yes, please provide the information below.

Insured No.	Company name	Amount	Type (Life, Disability, Critical Illness)	Year	In force insurance replaced?		Purpose of insurance	
					Yes	No	Personal	Business
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3

#### I – Personal history

- IF THE PARAMEDICAL OR MEDICAL EXAM IS A REQUIREMENT ACCORDING TO THE AGE AND THE AMOUNT, DO NOT COMPLETE SECTION I.

Provide the details of all "Yes" answers here and if you need more space, continue in Section K.

Insured 1		Insured 2	
Yes	No	Yes	No

## Section D

### Payment of premiums

The order of the items in this section was modified to make First premium payment the first option.

1

"Lump sum" replaced the word "purchase".

2

A new option for monthly withdrawal upon settling of the policy was added.

## Section E

### Insurance in force

3

"Purpose of insurance" and "In force insurance replaced?" were interchanged.

## Section I

### Personal history

The questions in this section were modified after the paramedical form was redesigned (FIND0056).

**J – Medical history**

**- IF THE PARAMEDICAL OR MEDICAL EXAM IS A REQUIREMENT ACCORDING TO THE AGE AND THE AMOUNT, DO NOT COMPLETE SECTION J.**

m) <b>Musculoskeletal disorder:</b> back and neck pain or disorder, arthrosis, herniated disc, sprain, tendinitis, bursitis, chronic pain, fibromyalgia, muscular dystrophy, arthritis, amputation or any other disorder affecting bones, muscles, ligaments or joints such as shoulders, elbows, wrists, hands, hips, knees, ankles or feet? Provide details of the last five (5) years only.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<b>1</b>
5. Have you been advised to undergo medical treatment, be hospitalized, undergo an operation or have any tests done, which have not yet been completed?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<b>2</b>
8. In the last five (5) years, have you been absent from work or had to stop your regular duties, received disability benefits or any other type of benefits as a result of an accident or illness? If yes, provide date, reason and duration.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<b>3</b>
9. Do you have a mental or physical disorder that limits your daily activities?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<b>4</b>
<b>11. For women only:</b>			
a) Are you presently pregnant? If yes, indicate the number of weeks you are pregnant, your weight before the pregnancy.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<b>5</b>
b) Do you have or ever had any pregnancy complications (caesarean section, preeclampsia, ectopic pregnancy, other)? If yes, provide details:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

engine loans in effect at the time of total disability, regardless of the monetary amount that is underwritten in the present application. The benefit payable shall not exceed the monthly amount that is underwritten in the present application, subject to the terms of the contract. Should there be no eligible monthly payment in effect at the time of total disability, the undersigned agree that the liability of SSQ Insurance to become void even with respect to any losses not connected with the risks so misrepresented or concealed.

13. Declare having received the Notice to proposed insured(s) and policyowner(s) and agree to accept its terms.

Signed at (city and province) \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_ of year \_\_\_\_\_  
 Date

**N1 – Underwriting requirements**

<b>7</b> Evidence of insurability ordered from <input type="checkbox"/> Dynacare Insurance Solutions <input type="checkbox"/> ExamOne	<input type="checkbox"/> Other	<b>8</b> Preferred Risks Insured 1: <input type="checkbox"/> Yes <input type="checkbox"/> No Insured 2: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Section J  
Medical history**

The questions in this section were modified after the paramedical form was redesigned (FIND0056).

- 1** Question 2 m) added.
- 2** Question 5 added.
- 3** Question 8 added.
- 4** Question 9 added.
- 5** Question 11 b) added.

**Section L  
Declarations, authorizations and signatures**

- 6** Item 13 added.

**Section N1  
Underwriting requirements**

- 7** The provider list was updated.
- 8** The preferred risks section was added.



# Policy change without evidence of insurability (FIND0116)

## Instructions for advisors

1

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).

## Cover

1 The instructions were moved to the cover page of the document.

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

2

- 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 1<sup>st</sup> 2017. *Applicable when there is more than one benefit inforce.*
- 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 1<sup>st</sup> 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.

## Section B Changes requested

2 Statement moved to above the Conversion section rather than after each conversion option.

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

3

- 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.

## Section B2 Increase of face amount without evidence of insurability

3 "All pertinent documents in all cases" added.

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

1

<b>Cost of insurance type</b>	<input type="checkbox"/> Yearly Renewable Term (YRT) <input type="checkbox"/> T100 <input type="checkbox"/> Other (specify): _____
<b>Death benefit option</b>	<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: <b>For a Joint, Last to die policy, funds will be payable upon last death.</b>
<b>Annual billing premium</b> (including all additional benefits, if any)	\$ _____
<b>Face amount adjustment (tax exemption)</b> 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.

2

**Maximizer option**

3

- 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**

At the beginning of the duration: | Y | Y | Y | Y | M | M | D | D | (minimum 5 years since effective date)

At the end of the duration: | Y | Y | Y | Y | M | M | D | D |

Minimum face amount: \$ \_\_\_\_\_ (minimum \$25,000, maximum face amount chosen)

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

**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.

4

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

5

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

6

**Section B4**

**Conversion to universal life insurance**

- 1 This section standardized to match section C5 of the policy application.
- 2 Face amount adjustment options added.
- 3 "Maximizer option" section added.

**Investment options and percentage split**

All aforementioned changes to the accounts in the policy application also apply to this form.

**Section C**

**Payment of premiums**

- 4 "Lump sum" replaced "purchase".

**Section D**

**Declaration of Tax Residence of Policyowner(s) (self-certification)**

- 5 The word "new" was deleted.
- 6 Third option added for policyowners 1 and 2.



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

1

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
Name of the policyowner (as appearing on the document)	Name of the policyowner (as appearing on the document)
Principal business or detailed occupation and field of activity (if retired, indicate the last profession and work field)	Principal business or detailed occupation and field of activity (if retired, indicate the last profession and work field)

2

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

3

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)
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

5

4

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

6

#### 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) : \_\_\_\_\_

## Section E Policyowner(s) identity verification

- 1 The word "new" was deleted.
- 2 Principal business or detailed occupation added to field of activity (and a statement on retirees) for policyowners 1 and 2.

## Section F Third party determination

- 3 The word "new" was deleted.
- 4 Question added to know if the person or entity paying the premiums/amounts in the insurance contract is different from the policyowner(s).
- 5 Layout in this section was standardized to match the layout of the policy application.

## Section G Purpose of insurance

- 6 The word "new" was deleted.

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