

CONVERSION NOTICE

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

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

As a person insured under a group plan for Accidental Death and Dismemberment (ADD) insurance, you and your spouse are possibly eligible for a conversion of your group coverage to an individual insurance.

This conversion will be processed without you or your spouse having to provide evidence of insurability or medical exams, on the condition that you submit your conversion request within the delay indicated in your group policy, following the termination date of the present coverage.

- The benefit is available for a maximum sum insured of \$750,000 and cannot exceed the sum insured already in force. There is no minimum sum insured for this benefit.
- The individual Accidental Death and Dismemberment (ADD) coverage will terminate on the Benefit anniversary date following the Insured's 80th birthday.
- When an injury results in one of the following losses below within one hundred and eighty (180) days following the date of the accident and before the benefit anniversary date following the Insured's 80th birthday, the Company will pay a benefit equal to the percentage, as shown below, of the sum insured.

LOSS	PERCENTAGE OF SUM INSURED
LOSS OF LIFE	100%
LOSS OF BOTH EYES	100%
LOSS OF BOTH HANDS OR BOTH FEET	100%
LOSS OF ONE HAND AND ONE FOOT	100%
LOSS OF ONE HAND AND ONE EYE	100%
LOSS OF ONE FOOT AND ONE EYE	100%
LOSS OF THE USE OF ALL FOUR LIMBS (QUADRIPLEGIA)	100%
LOSS OF THE USE OF THE UPPER LIMB AND LOWER LIMB ON ONE SIDE OF THE BODY (HEMIPLEGIA)	100%
LOSS OF THE USE OF LOWER LIMBS (PARAPLEGIA)	100%
LOSS OF ONE HAND OR ONE FOOT	50%
LOSS OF ONE EYE	50%

Monthly premium rate

The monthly premium rate of the benefit is \$0.27 per \$1,000 of sum insured plus a monthly coverage fee of \$9.

Example of the monthly premium calculation: For an insured wanting to convert \$100,000.

Monthly premium: $0.27 \times 100 = \$27 + \9 (monthly coverage fee) = \$36

Annual premium rate

The annual premium rate of the benefit is \$3.00 per \$1,000 of sum insured plus an annual coverage fee of \$100.

Example of an annual premium calculation: For an insured wanting to convert \$100,000.

Annual premium: $3.00 \times 100 = \$300 + \100 (annual coverage fee) = \$400

Part 1 – Eligibility conditions

At the time of the insurance request and at the date of the policy comes into force, the insured person(s) must respect the insurability norms of SSQ Insurance Company Inc. and must respect the following eligibility conditions:

1. The insured person must no longer be eligible for group Accidental Death and Dismemberment (ADD) insurance from his employer.
2. The age of the insured person must respect the criteria indicated in his group policy.
3. The insured person must reside in Canada at the time of the conversion request.
4. The insured person must submit the request within the delays indicated in his group policy following the termination date of the present coverage.

Part II – Identification of the applicant by the company

Policyholder Policy number

Name of the plan administrator Telephone

Applicant's first and last name Name at birth (if different)

Age*
 Female
 Male
 Date of birth Sex

Civic number and street name City

Province Postal code Apt Telephone (residential) Telephone (cellular)

E-mail address (internet) English French
Language of correspondence

Employment termination date
Reason of termination: End of employment (resignation, dismissal, retirement)
 End of waiver
 Other: _____

Last name and first name of spouse (if applicable)

Date of birth of spouse (if applicable)

Signature of plan administrator

Date

* Attained age the employment termination date

Sum insured inforce	Applicant	Spouse
Group Accidental Death and Dismemberment (ADD) insurance	\$	\$
Additional group Accidental Death and Dismemberment (ADD) insurance	\$	\$

Part V – Beneficiary designation in case of death

- 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 there is no beneficiary designation, the sums insured will be payable to the policyowner(s) or their estate(s), as the case may be.
- If there is a loss of limbs, the sums insured will be payable to the insured.
- 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.
- If the beneficiary predeceases the proposed insured, the sums insured are payable to the contingent beneficiary upon the death of the proposed insured.

Insured 1 – Applicant	Insured 2 – Applicant
<p>_____ %</p> <p>First and last names of 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> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>	<p>_____ %</p> <p>First and last names of 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> <hr/> <p>Designation: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>
<p>_____ %</p> <p>First and last names of 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 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>
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Part VI – Sum insured requested

	Accidental Death and Dismemberment (ADD)	Maximum
Insured 1 – Applicant	\$	\$750,000
Insured 2 – Spouse	\$	

Part VII – Payment of premiums

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Payment frequency

- Annual
- Monthly (pre-authorized debits) – complete Part VIII and include a specimen cheque.

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First premium payment

- Cheque enclosed (payable to SSQ Insurance Company Inc.)
The cheque will be cashed following the approval date of the insurer.
- Pre-authorized debit (available only with a monthly payment frequency)
The 1st pre-authorized debit will be withdrawn on the Monday following the approval date of the insurer.

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Day of withdrawal (for monthly frequency)

- 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 29th, 30th or 31st, the day of withdrawal will be the 28th.

Part VIII – Pre-authorized debit agreement

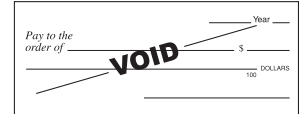
- I hereby authorize SSQ Insurance Company Inc. to debit my account as per my instructions and/or as detailed in the contract of insurance, for monthly recurring payments and/or one time payments from time to time, in payment of all charges, including any applicable financing charges and taxes, arising 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 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 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 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 the insurance application 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 Insurance Company Inc. will not notify me before each withdrawal.**
- In the event that I instruct SSQ 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 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 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 Insurance Company Inc. whatsoever with respect to any contract of insurance, so long as payment is provided by an alternate method accepted by SSQ 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 Insurance Company Inc.

Premium Accounting

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

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



Important notice: In the absence of completing the information below and providing a cheque specimen, SSQ Insurance Company Inc. will withdraw the pre-authorized debits from the bank account of the cheque provided with this application.

Name of financial institution

Address, city, province and postal code of the branch

Branch Financial Institution Account number

Authorization

Is the account joint? Yes No

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) Signature Date

Name of account holder or authorized person (in capital letters) Signature Date

Part IX – Consent, declarations and signature of the proposed insured(s)

The undersigned:

1. Certify having reviewed the eligibility requirements and declare that the proposed insureds are eligible based on these conditions.
2. Declare that all answers provided in this document are true and complete, have been correctly recorded and form part of the insurance application with SSQ Insurance Company Inc. The undersigned consent to such answers being used to serve as the basis for the insurance policy being applied for. Any misrepresentation or concealment by the proposed insureds regarding circumstances that are known to the proposed insureds and likely to have a material influence on a reasonable insurer with respect to setting of premium, the appraisal of risk or the decision to cover it, shall cause the contract, at the request of SSQ Insurance Company Inc., to become void even with respect to any losses not connected with the risks so misrepresented or concealed.
3. Declare having understood that SSQ Insurance Company Inc. assumes no obligation unless this application has been signed by the proposed insured, the initial premium has been paid, and the application has been approved by SSQ Insurance Company Inc.
4. Authorize any health care professional, hospital or medical facility, private or public health or social services facility, government health program in their province of residence, insurance company or other institution, corporate body or person holding any files or information about them or their health to release such files or information to SSQ Insurance Company Inc. and SSQ Life Insurance Company Inc. for the purposes of underwriting, appraisal of risk, setting of premiums, insurance administration and loss settlement.

Signed at (city and province)

X

Signature of insured 1 – Applicant

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

Date

X

Signature of insured 2 – Spouse

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

Date