

ASSIGNMENT

In consideration of advances made to me by SSQ under Policy No. 29880 of \$_____ per week in respect of accident or industrial disease which occurred on _____, while in the employ of _____.

I assign to the said SSQ, 2525, boul. Laurier, Case postale 10500, Ste-Foy, QC, G1V 4H6, any compensation payments to which I may be entitled as a result of this disability.

Dated this _____ day of _____, _____.

Signature: _____

Witness: _____

Compensation Claim Number: _____