

Fill out the form by entering the necessary

MODALITY CHOICE FOR LUMP SUM PAYMENT

information in the a	ppropriate spaces.	Online www.ivac.qc.ca	By mail 1600, avenue d'Estimauville, (Québec (Québec) G1K 0K2	By fax CP 1400 Succ. Terminus 1 888 927-0003
1. Information on t	he identity of the person			
Surname (as shown on First Name	birth certificate)			Event date
Address				Phone
Number	Street		Apt.	Main
P.O. Box	City/Municipality			Other
Province/State	Province/State Country	y	Postal Code	
as per regulation. For more information, p decision for you. Please indicate your che One single pa	lease visit the website : toutbien		•	will be added to each installment area that can help you make the best
12 monthly in				
3. Signature By signing this form, I a made an informed choice	cknowledge that I have read and	d understood the infor	mation regarding the lump sui	m payment. I also declare that I have

Send the completed document to the Direction générale de l'IVAC :