

BMO Guaranteed Investment Funds

Application for:

- Non-Registered Plans
- Registered Plans

Unless otherwise noted, all sections are mandatory and must be completed. Sections highlighted in green are optional.

Administrative and Services Office
250 Yonge Street, 9th Floor, Toronto, ON M5B 2M8



| | |
|---|--|
| Dealer/Intermediary Account # (if available) | |
|---|--|

| | |
|----------|--|
| Policy # | |
|----------|--|

In this application, the terms, "you", "your" and "Policyowner" refer to the person(s) who has Policyowner rights under the Contract. The terms "we", "our" and "us" refer to **BMO Life Assurance Company (BMO Insurance)**.

Application - BMO Guaranteed Investment Funds

Please send the original form to BMO Insurance, Administrative and Services Office, 250 Yonge Street, 9th Floor Toronto, ON M5B 2M8
All changes must be initialled by ALL Policyowners signing this application.

1. Contract Type (Please check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Non-registered Individual | <input type="checkbox"/> Locked-in Retirement Account (LIRA)** | <input type="checkbox"/> Life Income Fund (LIF)** |
| <input type="checkbox"/> Non-registered Joint | <input type="checkbox"/> Locked-in Retirement Savings Plan (LRSP)** | <input type="checkbox"/> Restricted Life Income Fund (RLIF)** |
| <input type="checkbox"/> Non-registered Corporate/Non-Individual | <input type="checkbox"/> Restricted Locked-in Savings Plan (RLSP)** | <input type="checkbox"/> Locked-in Retirement Income Fund (LRIF)** |
| <input type="checkbox"/> Retirement Savings Plan (RSP)* | <input type="checkbox"/> Retirement Income Fund (RIF)* | <input type="checkbox"/> Prescribed Retirement Income Fund (PRIF)** |
| <input type="checkbox"/> Spousal Retirement Savings Plan (SRSP)* | <input type="checkbox"/> Spousal Retirement Income Fund (SRIF)* | |

For locked-in income plans, provide the jurisdiction of the pension plan registration:

* Subject to the terms of the applicable endorsement. ** Complete and sign the terms of the applicable endorsement (forms available in Administration and Regulatory Documents at www.bmoinsurance.com/advisor/GIF). Advisor must provide a copy to the client and submit a signed copy with the application.

2. Policyowner Information

For a registered Contract, the Policyowner is also the Annuitant in accordance with the *Income Tax Act* (Canada). The Policyowner must be a Canadian resident at the time the application is completed. For a corporate owner, please provide corporate records showing full name of company, authorized officials and their specimen signatures.

| | | | | |
|---|----------------------------|--|---|-------------|
| Name (Last, First, Initial) or name of corporation, trust or other non-individual owner | | | | |
| Address | | City | Province | Postal Code |
| Telephone Number | Date of Birth (dd/mm/yyyy) | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Language <input type="checkbox"/> E <input type="checkbox"/> F | SIN # |
| Occupation | | | | |
| If Policyowner is a corporation, provide Business numbers: | | | | |
| Federal | Quebec (NEQ) | Nature of Business | | |

3. Joint Owner Information (Non-registered Contracts only)

The Joint Owner must be a Canadian resident at the time the application is completed.

The policy may be held by two Policyowners at the same time with survivorship or as tenants in common.

Joint ownership with right of survivorship: On the death of one Policyowner, the surviving Policyowner automatically becomes the sole Policyowner of the entire Contract. Except for Quebec, joint ownership is with survivorship if no selection is made. In Quebec, joint ownership is without survivorship if no selection is made.

Joint tenants in common: Each Policyowner share passes to his or her estate on his or her death unless a Successor Owner was named. You may wish to designate a Successor Owner to take over your share on your death and facilitate the transfer of ownership.

| | | | | |
|--|----------------------------|--|---|-------------|
| Name (Last, First, Initial) | | Occupation | | |
| Address | | City | Province | Postal Code |
| <input type="checkbox"/> Address same as Owner | | | | |
| Telephone Number | Date of Birth (dd/mm/yyyy) | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Language <input type="checkbox"/> E <input type="checkbox"/> F | SIN # |

Please check one to indicate the type of joint ownership:

Joint ownership with rights of survivorship. In Quebec, by checking the box the Joint Owners select survivorship by appointing each other subrogated Policyowner.

Joint tenancy in common (indicate share (%) ownership; if no selection is made, the split is equal).

Policyowner in Section 2 _____ % Joint Owner in Section 3 _____ %

4. Successor Owner or Subrogated Owner (Quebec) (Non-registered Contracts only)

You may name someone to succeed you as owner on your death or in Quebec as your subrogated Policyowner.

| | | | | |
|--|----------------------------|--|---|-------------|
| Name (Last, First, Initial) | | | | |
| Address | | City | Province | Postal Code |
| <input type="checkbox"/> Address same as Owner | | | | |
| Telephone Number | Date of Birth (dd/mm/yyyy) | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Language <input type="checkbox"/> E <input type="checkbox"/> F | SIN # |

5. Annuitant (if other than the Policyowner, non-registered Contracts only, must be a Canadian resident) If this section is not completed, the Annuitant is the Policyowner, **except that** an Annuitant must be named for: Joint Owners, a non-individual Policyowner and informal trust (ITF).

| | |
|-----------------------------|----------------------------|
| Name (Last, First, Initial) | Date of Birth (dd/mm/yyyy) |
|-----------------------------|----------------------------|

6. Successor Annuitant (for RIF and non-registered Contracts only)

You may name a Successor Annuitant if you wish the Contract to continue after the death of the Annuitant. On the death of the Annuitant, the death benefit is not payable and the Contract will continue.

For RIF, the Successor Annuitant must be the Annuitant's spouse or common-law partner.

| | |
|-----------------------------|----------------------------|
| Name (Last, First, Initial) | Date of Birth (dd/mm/yyyy) |
|-----------------------------|----------------------------|

7. Spousal Information (Complete if this application is for a Spousal RSP or Spousal RIF Contract)

Spousal RSP Spousal RIF (complete if contains spousal money)

| |
|-------|
| Sin # |
|-------|

| | |
|---|----------------------------|
| Spousal Contributor's Name (Last, First, Initial) | Date of Birth (dd/mm/yyyy) |
|---|----------------------------|

| | | | |
|--|------|----------|-------------|
| Address | City | Province | Postal Code |
| <input type="checkbox"/> Address same as Owner | | | |

| | | |
|---|---|------------|
| Sex | Language | Occupation |
| <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> E <input type="checkbox"/> F | |

8. Beneficiary

If you designate an irrevocable Beneficiary you cannot make certain changes to the Contract without the Beneficiary's written authorization.

Minor beneficiaries cannot give this approval.

If this section is not completed, the Beneficiary is the Policyowner's estate. A Contingent Beneficiary does not have rights while a Primary Beneficiary exists. All Beneficiaries are revocable unless you specifically indicate otherwise by writing "irrevocable" after that Beneficiary's name.

For Quebec policy: the designation of your spouse (married or civil union) is irrevocable, except if you check revocable here.

| Beneficiary Name: Primary | Relationship to Annuitant (Policyowner in Quebec) | Share of benefit (%) |
|------------------------------|---|----------------------|
| 1. | | |
| 2. | | |
| Beneficiary Name: Contingent | | Total % |
| 1. | | |
| 2. | | |
| | | Total % |

Trustee for minors (not available in Quebec)

_____ (name of trustee for minors)

By naming a trustee for a minor Beneficiary, you agree that any benefits that become payable to a minor child will be paid to the trustee to hold in trust for the child until the child becomes of age.

9. Maturity Date

The Maturity Date is December 31 of the year you select.

It must be at least 15 years but not more than 25 years from December 31 of the year the Contract takes effect.

The Contract takes effect on the Valuation Day we receive the first deposit and all the requirements to issue the Contract are met.

Select the term of Maturity Date (one only)

15 years other _____ (no. of years) if no selection is made, the term will be 15 years from December 31 of the year the Contract takes effect.

10. Lump sum Deposit

List the fund code(s) for the funds you have chosen. The minimum initial deposit is \$500 per fund.

| Fund Code | Sales Chrg % | Deposit Amount (\$ or %) | Cont. Rept. (Y/N) | Wire Number (if available) | Fund Code | Sales Chrg % | Deposit Amount (\$ or %) | Cont. Rept. (Y/N) | Wire Number (if available) |
|-----------|--------------|--------------------------|-------------------|----------------------------|-----------|--------------|--------------------------|-------------------|----------------------------|
| | | | | | | | | | |
| | | | | | | | | | |

Method of Payment - Please make cheque payable to **BMO Life Assurance Company** (250 Yonge Street, 9th Floor, Toronto, ON M5B 2M8)

| | |
|-----------------|----|
| Personal Cheque | \$ |
|-----------------|----|

External Transfer (attach cheque and copy of T2033, T2030 or other appropriate transfer documents)

| | | | |
|---------------------|----|---------------------|----|
| Name of Institution | \$ | Name of Institution | \$ |
|---------------------|----|---------------------|----|

Internal BMO Insurance Transfer (attach cheque and appropriate transfer documents)

| | | | |
|---------------------|----|---------------------|----|
| Name of Institution | \$ | Name of Institution | \$ |
|---------------------|----|---------------------|----|

Source of Funds (must be completed)

I declare that the source of this payment is one of the following (for "Other" please be specific): **P**=Policyowner **J**=Joint Owner (if any)

| | | | |
|--|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Employment Income | <input type="checkbox"/> <input type="checkbox"/> Gift | <input type="checkbox"/> <input type="checkbox"/> Grants/Scholarships | <input type="checkbox"/> <input type="checkbox"/> Insurance Claim Payments |
| <input type="checkbox"/> <input type="checkbox"/> Investment income/Savings | <input type="checkbox"/> <input type="checkbox"/> Retirement/Pension Income | <input type="checkbox"/> <input type="checkbox"/> Sale of Assets | <input type="checkbox"/> <input type="checkbox"/> Trust/Inheritance |
| <input type="checkbox"/> <input type="checkbox"/> Lottery Winnings | <input type="checkbox"/> <input type="checkbox"/> Self-Employment Income | <input type="checkbox"/> <input type="checkbox"/> Corporate | <input type="checkbox"/> <input type="checkbox"/> Loan |
| <input type="checkbox"/> <input type="checkbox"/> Proceeds from a legal case or action | | <input type="checkbox"/> <input type="checkbox"/> Other: _____ | |
| | | <input type="checkbox"/> <input type="checkbox"/> Other: _____ | |

Our policy requires that we verify the source of funds before accepting transactions.

11. Optional Riders

Death Guarantee Reset Option (available only at time of application; additional fee applies)

12. Deposit by PAD – Also known as "PAC" (Available only for non-registered, RSP and SRSP Contracts)

List the fund code(s) for the funds you have chosen. The minimum PAD amount is \$50 per fund.

If you have chosen a PAD, please complete the Pre-Authorized Debit (PAD) Agreement below for the Payor(s).

If Payor is different from Policyowner, please complete the form listed in Section 14(2).

| |
|----------------|
| Month to start |
|----------------|

PAD Frequency: Annually Semi-Annually Quarterly Monthly (if no frequency is selected, default is monthly).

| Fund Code | Sales Charge % | Deposit Amount (\$) | Fund Code | Sales Charge % | Deposit Amount (\$) |
|-----------|----------------|---------------------|-----------|----------------|---------------------|
| | | | | | |
| | | | | | |

Effective withdrawal date – will be 20th day of the month. A personalized VOID Specimen Cheque must be attached.

Pre-Authorized Debit (PAD) Agreement

By signing below, I/we, the Payor(s) under the PAD Agreement agree to the following:

- I/we have certain recourse rights in the event that a debit does not comply with this agreement.
- For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my (our) recourse rights, I/we may contact your financial institution or visit www.cdnpay.ca.
- I/we authorize BMO Insurance and my/our financial institution to make automatic withdrawals from my/our bank account, as per my/our instructions.
- I/we agree to the collection, use, retention and disclosure of my/our personal information for purposes relating to this PAD agreement.
- For purpose of this authorization, all pre-authorized debits from my/our account will be treated as personal.
- This agreement may be terminated by providing 10 days written notice to BMO Insurance. A sample cancellation form or more information on cancellation rights is available at my/our financial institution or by visiting www.cdnpay.ca.
- All persons whose signatures are required to authorize withdrawals from the account have signed below, including any required joint account holder.
- I/we agree that any notices sent to us will be sent to the Policyowner or Joint Owner address on record.
- **I/we waive any pre-notification requirements** before the first payment is processed or if the amount of payment is changed.

| | | |
|-------------|---|---|
| Date Signed | Print Name of Payor (Account Holder) | Print Name of Second Payor (Account Holder), if any. |
| | Signature of Payor (Account Holder) X | Signature of Second Payor (Account Holder), if any. X |

13. Scheduled Withdrawal Plan (SWP) - List the fund code(s) for the funds you have chosen. The minimum SWP amount is \$100 per fund (or lower if required by legislation). The gross withdrawal is the net withdrawal plus taxes and fees withheld (default is Gross if no selection is made).

SWP not available on RSP, LIRA, LRSP or RLSP Contracts.

For RIF, LIF, LRIF, PRIF or RLIF Contracts, you must withdraw an amount which is equal to or exceeds the minimum.

RIF, LIF, LRIF, PRIF, RLIF minimum LIF, LRIF, RLIF maximum

If no instructions are provided, the minimum gross payment will be made annually on December 20th.

Additional voluntary Tax Withholding percentage (%) _____ Provincial percentage (for Quebec residents) (%) _____

| |
|----------------|
| Month to start |
|----------------|

SWP Frequency: Annually Semi-Annually Quarterly Monthly (if no frequency is selected, default is monthly).

| Fund Code | Amount (\$) | Net | Gross | Fund Code | Amount (\$) | Net | Gross |
|-----------|-------------|-----|-------|-----------|-------------|-----|-------|
| | | | | | | | |
| | | | | | | | |

Effective withdrawal date – will be 20th day of the month.

A personalized VOID Specimen Cheque must be attached. Withdrawals will be deposited in the bank account indicated on the cheque.

If legislation permits, you elect the RIF, LIF, LRIF, PRIF, RLIF minimum payment be based on:

Your age Age of your spouse (default will be "Your age" if not completed).

This election cannot be changed after the end of the year in which this application is made.

| |
|-------------------------------------|
| Spouse's Date of Birth (dd/mm/yyyy) |
|-------------------------------------|

14. Identity Verification, Third Party Determination and Politically Exposed Foreign Persons

(1) Identity Verification

Is the application from a non-individual Policyowner (e.g. corporation, partnership or trust)? Yes No

If 'yes', on Form 576E complete Section 1 **Verification of Identity**, Section 3 **Business Activity Questionnaire**, Section 4 **Advisor Certification** and Section 5 **Beneficial Ownership Attestation**; also complete **Entity Status Self Certification** Form 638E.

If 'no', please complete the following section.

Policyowner Information: Which document is used to verify identity?

Document Type: Driver's license Passport Birth certificate Canadian Citizenship Card
 Canadian Armed Forces Identification Age of Majority Provincial Health Card (not accepted in Ontario, Manitoba, PEI)

| | | |
|--------|----------------|-------------|
| Number | Place of issue | Expiry Date |
|--------|----------------|-------------|

Joint Owner Information: Which document is used to verify identity?

Document Type: Driver's license Passport Birth certificate Canadian Citizenship Card
 Canadian Armed Forces Identification Age of Majority Provincial Health Card (not accepted in Ontario, Manitoba, PEI)

| | | |
|--------|----------------|-------------|
| Number | Place of issue | Expiry Date |
|--------|----------------|-------------|

(2) Third Party Determination

Is the Contract type non-registered and is a third party involved, e.g. will a third party pay for this Contract or have access to value of the Contract?

Yes No If 'yes', please attach completed Section 2 **Third Party Determination** and Section 4 **Advisor Certification** on Form 576E.

(3) Politically Exposed Foreign Persons (PEFP)

Is the Contract type non-registered and is the deposit \$100,000 or more? Yes No

If 'yes', please attach completed Politically Exposed Foreign Persons Form 420E.

(4) Individual Status Self Certification

Is the Contract type non-registered? Yes No

If "yes", are you a resident or a Citizen of the United States? Yes - TIN (Tax Identification Number) _____ No

15. Authorization and Signatures

The Policy Provisions and Information Folder contain important information and should be read before investing.

All Policyowners must sign this section. Non-individual Policyowners must sign as required under their corporate documentation.

If this application is signed by an attorney under a Power of Attorney (POA), complete Form 576E, Section 2 **Third Party Determination** and attach an original copy of the POA.

By signing below you confirm that:

- you have received a copy of the BMO Guaranteed Investment Funds Policy Provisions, Information Folder and Fund Facts and your advisor has explained its contents to you;
- you have read, understand and agree to the terms listed in the Section **"What you understand and agree to when you sign this application"**;
- you have read and agree to the terms of the **"BMO Insurance Privacy Notice"** outlined in this application. By signing this application, you consent to the use and practices set out in the Notice.
- **Quebec residents:** You have requested that this application and all related documents be in English. J'ai demandé que le présent formulaire de demande et tous documents s'y rapportant soient rédigés en anglais.
- **for an Annuitant or Successor Annuitant who is different from Policyowner(s).** By signing below, I, the Annuitant or Successor Annuitant, consent to be the measuring life in this annuity.

| | |
|--|---|
| Signed at (Province) | Date |
| Policyowner Signature X | Joint Owner or Successor Owner/Subrogated Policyowner Signature X |
| Annuitant Signature, if other than Owner X | Successor Annuitant Signature, if other than Owner X |

16. Advisor Information and Declaration

By signing here, I the advisor confirm that:

- I am appropriately licensed;
- I have thoroughly examined the Policyowner needs for product suitability;
- I have examined the original, valid and unexpired identity verification documentation for the proposed Policyowner and Joint Owner, and validated the Annuitant's date of birth;
- I have made reasonable efforts to determine if a third party is involved with this Contract;
- I have discussed and explained the contents of the Policy Provisions, Information Folder and the Fund Facts to the proposed Policyowner(s);
- I have disclosed to each Policyowner:
 - the name of the company or companies I represent;
 - that I will receive compensation in the form of commissions for the sale of this Contract and may receive additional compensation in the form of bonuses or non-monetary benefits, such as, trailers, invitations to conferences and travel incentives;
 - any conflicts of interest that I may have in respect to this transaction.

| | | | |
|--|---|----------------------------------|------|
| Name of Advisor (Surname, First Name, Initial) | Contact information (Telephone, e-mail) | | |
| Dealer/Agency Code | Advisor Code | Signature of Advisor X | Date |

Notes/Special Instructions - Advisor's remarks

FUND CODES AND INSTRUCTIONS

Lump sum Deposits

Please select from the following fund codes:

| Fund Names | Front-End Load | Deferred Sales Charge | No-Load | Prestige No-Load* |
|---|----------------|-----------------------|---------|-------------------|
| U.S. Balanced Growth (holding fund) | BLA110 | BLA120 | BLA100 | BLA600 |
| Canadian Balanced Growth (holding fund) | BLA210 | BLA220 | BLA200 | BLA700 |
| North American Income Strategy (holding fund) | BLA310 | BLA320 | BLA300 | BLA800 |
| Canadian Income Strategy (holding fund) | BLA410 | BLA420 | BLA400 | BLA900 |
| Money Market | BLA511 | BLA521 | BLA501 | N/A |

* Must have eligible assets of \$250,000 to qualify. Please complete **Prestige Class Agreement** (Form 646E).

Purchase orders for money market are processed on a daily basis. Purchase orders for money market must be received by 4:00 p.m. EST to be processed on that day.

All purchase orders (other than money market) are executed on the 20th of each month subject to the following conditions:

- FundSERV purchase orders must be placed by 4:00 p.m. EST on the 15th of the month with all completed paperwork received at our Administration and Services Office by 4:00 p.m. EST on the 18th of the month.
- Direct purchase orders must be received by our Administration and Services Office by 4:00 p.m. EST the 15th of the month.
- If the 15th or 18th is not a Valuation Day, orders must be placed/received on the prior Valuation Day.
- If the 20th is not a Valuation Day, transactions will be processed on the next Valuation Day.

If the above conditions are not met, purchase orders will be processed on the 20th of the following month (provided all requirements are then met).

All funds (except for money market) are placed in a money market holding fund until the purchase order is executed.

Withdrawals, Switches, SWPs and Deposits by PAD

Please select from the following fund codes:

| Fund Names | Front-End Load | Deferred Sales Charge | No-Load | Prestige No-Load |
|--------------------------------|----------------|-----------------------|---------|------------------|
| U.S. Balanced Growth | BLA111 | BLA121 | BLA101 | BLA601 |
| Canadian Balanced Growth | BLA211 | BLA221 | BLA201 | BLA701 |
| North American Income Strategy | BLA311 | BLA321 | BLA301 | BLA801 |
| Canadian Income Strategy | BLA411 | BLA421 | BLA401 | BLA901 |
| Money Market | BLA511 | BLA521 | BLA501 | N/A |

Withdrawals are processed on a daily basis. Withdrawal requests must be received by 4:00 p.m. EST to be processed based on the Unit Values on that day.

Switches to money market are processed on a daily basis. Switch requests to money market must be a direct trade and be received by 4:00 p.m. EST to be processed based on the Unit Values on that day.

Switches (other than to money market), SWPs and PADs are executed on the 20th of each month, subject to the following conditions:

- Must be requested by direct order.
- Direct orders must be received by our Administrative and Services Office by 4:00 p.m. EST on the 15th of the month.
- If the 15th is not a Valuation Day, orders must be received on the prior Valuation Day.
- For Switches and PADs, if the 20th is not a Valuation Day, the switch or PAD will be processed on the next Valuation Day. For SWPs, if the 20th is not a Valuation Day, the SWP will be processed on the previous Valuation Day.

If the above conditions are not met, transactions will be processed on the 20th of the following month (providing all requirements are then met).

Cheques: i) must have name pre-printed on cheque; ii) for registered Contracts, cheque must be issued by contributor.

BMO Segregated Funds Administrative and Services Office

250 Yonge Street, 9th Floor
Toronto, Ontario M5B 2M8
Telephone: 1-855-639-3867
Fax: 1-855-747-5613
E-mail: ClientServices.BMOLifeGIF@bmo.com

What you understand and agree to when you sign this application

Your signature in Section 15 of this application confirms that:

- you agree that the information you provided is complete and accurate;
- you have reviewed your investment objectives and risk profile with your advisor and agree that the investment(s) chosen are suitable within the context to your overall investment portfolio;
- you are applying for BMO Guaranteed Investment Funds individual variable insurance policy and agree to the terms contained in the Policy Provisions and application;
- the information you have provided in this application is complete and accurate and you will tell us if any of the information changes;
- for registered contracts, you request that we file an election to register your Contract as a Retirement Savings Plan or a Retirement Income Fund under the *Income Tax Act* (Canada). If the funds are locked-in, you request that we register your Contract as a LIRA, LRSP, RLSP, LIF, PRIF, LRIF, RLIF under applicable pension legislation in accordance with your selection. You agree that the Contract will contain an endorsement containing the provisions required under the *Income Tax Act* (Canada) or the applicable pension legislation in accordance with your selection.
- in a locked-in plan, the rights of your spouse as defined under the applicable pension legislation can take precedence over the rights of the beneficiary designated in this application.
- you understand that your Contract will be effective upon receipt of your initial deposit and the application is properly completed;
- nature of segregated funds: you understand that except for the guarantee on maturity or death, deposits made to a segregated fund are not guaranteed but fluctuate with the market value;
- we are authorized to accept instructions from your advisor to execute financial and non-financial transactions, including but not limited to deposits, withdrawals and switches **in accordance with your instructions** and the Policy Provisions; You understand that BMO Insurance shall not be liable for following the instructions provided by the advisor/distributor;
- you understand that an irrevocable Beneficiary designation will limit certain rights you have under this Contract unless you receive written consent from the Beneficiary or if otherwise permitted by law. A parent, guardian or tutor cannot provide consent on behalf of a minor who has been named as irrevocable Beneficiary;
- you have the right to change your mind about purchasing this Contract by sending us a written notice within 2 business days of the earlier of the date you receive confirmation or 5 business days after it is mailed;
- you may discuss any questions or concerns you may have by contacting your advisor or our Administrative and Services Office. More information about our complaint resolution procedures is available on the internet at www.bmoinsurance.com.

BMO Insurance Privacy Notice

When we receive your application, we will establish and maintain a file about you and your Contract that may contain personal information. We collect personal information about you to service and administer your Contract, including after the Contract has ended; to comply with the law; to determine your eligibility for our products and services; and to confirm the accuracy of information you have provided. Access to your personal information is limited to BMO Insurance employees, your advisor and their agency, third party service providers we have engaged to provide services with respect to the Contract; other persons you authorize or who are authorized by law to access your file. If necessary, your personal information may also be shared with your beneficiaries in relation to a claim. Your Social Insurance Number will be used only for income tax reporting purposes. For more information, please consult our Privacy Code at www.bmoinsurance.com.

You may access your file and request corrections to your personal information, if applicable, by sending a written request to Privacy Officer, BMO Insurance, 60 Yonge, Toronto, Ontario M5E 1H5.

From time to time, we may use your personal information to offer or promote other insurance and financial products and services that we believe may be of interest to you. We may also share your personal information within BMO Financial Group (that is the Bank and its subsidiaries and affiliates) for these purposes, to the extent permitted by the law. If you prefer not to receive our marketing communication or not to have your personal information shared with BMO Financial Group, you can request to have your name deleted from our marketing and shared information list by writing to the Privacy Officer at the address listed above.

