

**Section 3: Designation/Change of Successor
Owner/Subrogated Policyowner (non-registered only)**

By completing this section, you designate a new successor owner or subrogated policyowner, or cancel and replace a previously designated successor owner or subrogated policyowner. All rights under your contract will pass to the successor owner or subrogated policyowner in the event of your death.

Name (Last, First, Initial)	Social Insurance No.	Date of Birth (dd/mmm/yyyy)	
Address		City	Province Postal Code
Occupation			

Section 4: Designation/Change of Successor Annuitant (RIF and non-registered only)

For RIF, the successor annuitant must be your spouse or common-law partner.

By completing this section you designate a successor annuitant, or cancel and replace a previously designated successor annuitant. On your death, the policy will continue and no death benefit is payable.

Name (Last, First, Initial)	Social Insurance No.	Date of Birth (dd/mmm/yyyy)	
Address		City	Province Postal Code

Section 5: Name Change

Please indicate name being changed:

- Policyowner
 Joint Owner
 Annuitant
 Successor Annuitant
 Beneficiary
 Successor owner/Subrogated Policyowner

Reason for change:

- Marriage (no document required)
 Adoption (new birth certificate or adoption papers)
 Legal changes (supporting legal document)
 Corporate change (attach articles of amendment, certificate of amalgamation, change of business name)

Former name:	New name:
Indicate new business numbers for corporate name change:	
Federal:	Quebec:

Section 6: Address Change

Please indicate new address:		City	Province	Postal Code
Effective Date (dd/mmm/yyyy)	List other policy numbers to which this new address applies:			

Section 7: Transfer of Ownership (non-registered only)

If there are two policyowners, unless otherwise indicated, joint ownership with right of survivorship will be deemed to be elected, except in Quebec. On the death of one policyowner, the surviving policyowner becomes the sole owner of the policy.

Automatic survivorship does not apply in Quebec and to elect survivorship each owner must designate each other a "subrogated policyowner". You may also elect to hold the policy as joint tenants in common. In that case, each policyowner's share passes to his or her estate on his or her death, unless a successor owner/subrogated policyowner is named. You may name a successor owner/subrogated policyowner to facilitate the transfer of ownership on your death.

By completing this section, you transfer ownership of the policy to the new policyowner(s) and cancel any previous beneficiary designation, successor annuitant and successor owner (subrogated policyowner) designation.

The new policyowner(s) must complete Section 2 "Beneficiary Change" to designate new beneficiary(ies). If no beneficiary is designated, the estate will be the beneficiary.

New Policyholder Information

Name (Last, First, Initial) or name of corporation, trust or other non-individual owner		Telephone number		
Address		City	Province	Postal Code
Male <input type="checkbox"/>	Language	Social Insurance No.	Date of Birth (dd/mmm/yyyy)	Occupation
Female <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>			
If policyowner is a corporation, provide Business numbers:				
Federal		Quebec (NEQ)		
Nature of Business				

Section 7: continued

What is the relationship between the existing and new policyowner?

If your policy currently has an irrevocable beneficiary, the existing irrevocable beneficiary and both the existing and new policyowner(s) must sign the form where indicated in Section 8.

New Joint Owner Information

Name (Last, First, Initial)		Telephone number	
Address		City	Province Postal Code
Male <input type="checkbox"/>	Language	Social Insurance No.	Date of Birth (dd/mmm/yyyy)
Female <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>	- -	Occupation

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).

New Policyowner _____% New Joint Owner _____%

(1) Identity Verification

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

If "yes", on Form 576E complete Section 1 **Verification of Identity** and Section 3 **Business Activity Questionnaire**.

If "no", please complete the following section.

New Policyowner Information: Which document is used to verify identity?

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)

Document number	Place of issue	Expiry Date
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(2) Third Party Determination

Is the Contract non-registered and is a third party involved, (e.g. will a third party pay for this Contract or have access to the value of this Contract)? Yes No

If 'yes' please attach completed Section 2 **Third Party Determination** on Form 576E.

Section 8: Owner Acknowledgement and Agreement

If there is more than one owner, all owners must sign here.

For corporations, sign according to corporate resolution.

For trusts, all trustees must sign unless the trust agreement provides otherwise.

Your signature below (as applicable) confirms that:

- You authorize us to act on the changes you have requested in accordance with the terms of the contract.
- Where an irrevocable beneficiary is designated, you may not make certain changes to the policy without the irrevocable beneficiary’s consent.
- If ownership of the policy is transferred, the new policyowner(s) acknowledge to have read, understood and agrees with the terms of the “BMO Insurance Privacy Notice” outlined below.
- Transfer of ownership is a taxable disposition, except in certain circumstances. Please consult your tax advisor.
- If a successor annuitant is designated, by signing below, I, the successor annuitant, consent to be the measuring life in this policy.

A photocopy of this form will be valid as the original.

X _____ Signature of Policyowner	X _____ Signature of Joint Owner	_____ Date (dd/mmm/yyyy)
X _____ Signature of new Policyowner	X _____ Signature of new Joint Owner	_____ Date (dd/mmm/yyyy)
X _____ Signature of Successor Annuitant		_____ Date (dd/mmm/yyyy)
I hereby give my consent to the transactions selected above:		
X _____ Signature of irrevocable beneficiary(ies)		_____ Date (dd/mmm/yyyy)
X _____ Signature of assignee or hypothecary creditor (if applicable)		_____ Date (dd/mmm/yyyy)

Section 9: Advisor Information

By signing below, I, the advisor, confirm that I have examined the new policyowner’s original, valid and unexpired identity documentation.

Name of Advisor (Last, First, Initial)	Dealer/Agency Code	Advisor Code
Signature of Advisor X		Date (dd/mmm/yyyy)

Notes/Special Instructions (Advisor remarks)

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.