

Supplementary Business Activity Questionnaire

Based on the information that has already been provided to us, BMO Life Assurance Company, is obligated to have a better understanding of activities undertaken by certain categories of business such as those engaged in cash intensive activities.

Date (dd/mmm/yyyy) _____

Policy Owner Name: _____ Policy No./Application No.: _____

Instructions for New Application and Policy Changes: Complete all applicable questions, certify and return to our office.

If applicable, provide the Entity's FINTRAC Registration Number _____

Section 1 – Complete when the Entity is a Corporation, Unincorporated Entity, Non-registered charity or other Not-for-profit organization.

1. What country is the legal formation of the Business? _____
2. Where did the business begin operations? _____ Date (dd/mmm/yyyy) _____
3. If it has been indicated that the business (parent or subsidiaries) will be or is physically located in a country other than Canada or the U.S. please provide the key locations for each country.

Company Name	Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business	
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Number of Employees

Company Name	Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business	
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Number of Employees

Company Name	Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business	
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Number of Employees

4. Does the Business (parent or subsidiaries) import/export goods and/or services to/from a country outside of Canada or the U.S.?

Company Name	Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business	
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Number of Employees

Company Name	Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business	
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Number of Employees

Company Name	Relationship: <input type="checkbox"/> Parent or <input type="checkbox"/> Subsidiary	Country
Business Activity	Nature of Business	
Product or Service Provided	Valid Export Permit Obtained (if yes provide permit No.) <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Number of Employees

5. Are there any other business names (trade and legal) other than the one that was provided? Yes No If 'Yes', please provide details.

Name(s)	Address (street, city, country)

6. Does the Business (parent or subsidiaries) have any dealings with a government of a Foreign State?

A "Foreign State" means a province, state, or other political subdivision of a state other than Canada, or any dependency, possession, protectorate, or any territory falling under a jurisdiction of a state other than Canada (e.g. the United States of America, The State of New York, and the U.S. Virgin Islands, are each Foreign States.

Yes No If 'Yes', please provide details.

Name of Government Body or Official	Nature of Business Dealings	Country

7. How many people does the Business employ?

Country	Number of Employees

8. Are any of the following services provided by the Business? Not applicable

Service	%	Service	%
Payday lending		Fund Remittances	
Cheque cashing		Foreign Exchange	
Act as an Agent of a Money Service Business		Selling pre-paid Debit Cards	
Issue/Redeem Drafts, Money Orders or Travellers Cheques		Virtual Currency Exchange	

9. Is the Business dealing with parties outside of Canada? Yes No If 'Yes', indicate the types of parties.

Country	Government Department or State Owned Company	Financial Institution	Individuals	Other (Please specify)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 – Complete this section when the Entity is a Non-registered charity, Crowdfunding Service Providers or other Not-for-profit Organization, please answer the following questions:

1. What is the primary use of the donations received? Indicate the specific group(s)/organization(s) or individual(s) that is/are the beneficiary(ies) of the donations.

2. Does the Charity receive donations from individuals/groups outside of Canada? Yes No
 If 'Yes', please list all countries donations that are received from and provide details on percentage of total donations.

Country	%

Section 3 – Advisor Certification

I certify that I have obtained the information above from my Policy Owner(s)/third party payor.

Advisor's Name (please print)		Advisor's Code No.
Advisor's Signature X		Date (dd/mmm/yyyy)

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X