

## **BMO Life Assurance Company**

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## BENEFICIARY DESIGNATIONS FOR CRITICAL ILLNESS POLICIES

- Use this form to designate beneficiaries to receive benefits under your Critical Illness policy if the application for the policy was signed in Alberta, British Columbia, Manitoba, Ontario or Quebec and you were a resident of Alberta, British Columbia, Manitoba, Ontario or Quebec when the policy was issued.
- In Alberta, British Columbia, Manitoba, Ontario or Quebec, tell us each beneficiary's relationship to the Life Insured. In Quebec, tell us each beneficiary's relationship to the Policy Owner.
- Do **NOT** use this form if the application for the policy was signed in any other province or territory and you were a resident of any other province or territory when your policy was issued; instead, use the Direction to Pay for Critical Illness Policies form 630E.
- If you do not designate a beneficiary for each coverage, we will pay these benefits in accordance with the terms of your policy.
- All proceeds from any Critical Illness Return of Premium on Death (ROPD) Rider will be paid to the Policy Owner or the Policy Owner's Estate, unless a beneficiary has been designated.

Section A – Policy Info	ormation			
Policy Number	Name of Policy Owner	Name of Policy Owner Date		
Name of Life Insured Date of			e of Birth (dd/mmm/yyyy)	
(including any Critical Illn	on of beneficiaries for Critical Illi ess Benefit, Maturity Benefit and Early neficiary (marriage or civil union) will b			
Full Name		Relationship to the Life Insured (In Quebec, relationship to Policy Owne	r) Percentage Share (must total 100%)	
			%	
			%	
			%	
Section C – Designatio	on of beneficiaries for Return of	Premium on Surrender rider	100%	
_		e Irrevocable unless you check this box Revocable		
Full Name		Relationship to the Life Insured (In Quebec, relationship to Policy Owne	r) Percentage Share (must total 100%)	
			%	
			%	
			%	
Sostian D — Docienati	on of beneficiaries for Return of	Dramium on Dooth sides	100%	
_		e Irrevocable unless you check this box Revocable		
Full Name		Relationship to the Life Insured (In Quebec, relationship to Policy Owne	Percentage Share (must total 100%)	
			0/0	
			%	
			%	

100%

## Section E - Signatures

By signing below:

- You understand that if the policy is governed by Alberta, British Columbia, Manitoba, Ontario or Quebec law, this beneficiary designation will change your policy to confirm your right to designate one or more beneficiaries to receive the benefits payable under your Critical Illness policy, and;
- You revoke all previous beneficiary designations for benefits from all coverages for the Life Insured on this application or policy and, if applicable, all benefits payable under the Return of Premium on Surrender and Return of Premium on Death riders associated with those coverages, and;
- You direct that any benefits payable will be paid to the beneficiary or beneficiaries designated on this form.

Signed at (city or town)	Province	Date (dd/mmm/yyyy)			
Signature of Policy Owner #1 and Title (if applicable)	Signature of Policy Owner #2 and Title (if applicable)				
X	X				
Signature of Irrevocable Beneficiary					
X					

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