

DECLARATION OF INSURABILITY (to be completed by Life Insured)

Name: _____ Policy No.: _____

I, _____, declare that since _____, the date I made the application to BMO Life Assurance Company (BMO Insurance),

- 1) There has been no change in my smoking habit, and my current smoking status is: non-smoker smoker *(One option must be selected);*
- 2) There has been no change in my health, finances, travel, avocation or occupation disclosures;
- 3) There has been no change to any of the answers I have provided to the questions on my application;
- 4) Since the date of the application I have not had any new symptoms or consulted a physician or been advised to undergo any additional medical testing, and I have no pending medical investigations;
- 5) Other than as disclosed on my application, I have not made any other application for insurance which has been rated, postponed, declined or modified in any way.

If there are exceptions to any of the above, please return this policy to Head Office and provide full details in the space provided or on a separate sheet of paper.

Exception:

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