

BMO Life Assurance Company

9-250 Yonge St, Toronto, ON M5B 2L7 1-877-742-5244 • 1-866-716-8999 Fax bmoinsurance.com

DECLARATION OF LOSS OF POLICY

- Use this form to advise BMO Life Assurance Company (BMO Insurance) that your policy has been lost or destroyed and to request a duplicate policy.
- If the policy is assigned as collateral, a duplicate policy CANNOT be provided to the Assignee.
- If a duplicate policy cannot be reproduced, a summary will be provided.
- We reserve the right to charge an administration fee of \$50 related to this request.

Policy Number	Name of Policy Owner	Date of Birth (dd/mmm/yyyy)			
Name of Life Insured		Date of Birth (dd/mmm/yyyy)			
Notice of the insured		bace of birth (adynamin, yyyy)			
Phone No.	Email address				
Sortion R - Request for a duplicate policy					

Section B – Request for a duplicate policy

Please choose one of the following options:

	I/We certify that the policy has been lost or destroyed and request the issuance of a duplicate polic	у.

Please send a policy summary.

Section C - Signatures

By signing below:

· You agree that if the policy is found, the duplicate copy will be returned to BMO Life Assurance Company (BMO Insurance) for cancellation, and any duplicate copy of the policy issued is not intended to create any new or additional obligation but only to verify the existence of the contract.

Province Signed	Date (DD/MMM/YYYY)	Signature	Print Name
		Policy Owner #1 and Title (if applicable)	
		x	
		Policy Owner #2 and Title (if applicable)	
		x	