

## FINANCIAL QUESTIONNAIRE - PERSONAL COVERAGE (to be completed by Proposed Insured)

Name:		Application No	
Amount applied for:	Beneficiary(ies):		
Amount of Insurance In Force or Pending	Purpose of Insurance	Year Issued (If pending, please state so)	WP and/or ADB Amount
Purpose:	ation □ Creditor □ Inco	ome Replacement 0ther:	
How was the amount determined	]?		
	PERSONAL INCO	ME AND NET WORTH	
ANNUAL E	ARNED INCOME	А	SSETS
Salary (Draw if Self-Employed):	\$	Cash:	\$
Bonus:	\$	Life Insurance net cash value:	\$
Commission:	\$	Real Estate:	\$
Other Earnings	\$	Business Equity:	\$
	\$	Stocks (not including above):	\$
	\$	Bonds	\$
Total Earned Income:	\$	Other:	\$
			\$
ANNUAL UNEARNED INCOME		Total Assets:	\$
Dividends:	\$	LIABILITIES	
nterest:	\$	Mortgages:	\$
Net Rentals:	\$	Personal Loans:	\$
Other:	\$	Liens/Judgements:	\$
	\$	Other:	\$
	\$		\$
Total Unearned Income:	\$	Total Liabilities:	\$
		NET WORTH:	\$

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