

POLICY SERVICE REQUEST FORM

INSTRUCTIONS: All persons signing this form must have attained the age of majority. Before returning, please check that the appropriate section is fully completed and the signatures have been witnessed and dated.

BMO Life Assurance Company (BMO Insurance) is requested and authorized to make the changes below regarding:

Policy Number: _____ Insured: _____

Policyowner(s): _____

A. CHANGE PRIMARY BENEFICIARY TO:

NOTE: In the province of Quebec, a spousal beneficiary is irrevocable unless stated to be revocable. Revocable Irrevocable

Full Name(s)	Relationship to the Insured	Date of birth if under age 18
_____	_____	_____
_____	_____	_____

Insurance proceeds will be payable in equal shares to all beneficiaries named above who survive the Insured, unless otherwise stated in writing, but if none survive, equally among all persons who are named as Contingent Beneficiaries and who survived the Insured.

NOTE: If a company is named, we need signatures of two signing officers and their titles, or the signature of one officer with the company seal.

Trustee, if any, if Beneficiary is a minor: _____
Full Name Relationship to the Insured

Contingent Beneficiary, if any: _____
Full Name Relationship to the Insured

Trustee, if any, if Contingent Beneficiary is a minor: _____
Full Name Relationship to the Insured

Witness Date Signature of Policyowner

Witness Date Signature of Present Beneficiary if Irrevocable

B. CHANGE OF ADDRESS TO:

Street Name _____ Apt. _____ City _____ Province _____ Postal Code _____

C. CHANGE NAME OF:

Owner to: _____

Insured to: _____

Beneficiary to: _____

Reason for Change: **ATTACH ORIGINAL OR NOTORIZED COPIES OF LEGAL DOCUMENT**

Marriage (state date) _____ Divorce (state date) _____

Error (explain) _____

Court Order (explain) _____

Witness Date Signature of Owner

D. COLLATERAL ASSIGNMENT OF POLICY TO:

Name: _____

Address: _____

For value received. The assignment is limited to the extent of the interest of the assignee as it may appear, subject to terms, provisions and conditions of the policy. It is hereby certified and declared that no proceedings in bankruptcy are pending against any person or party executing this instrument.

NOTE: If a company is named, we need signatures of two signing officers and their titles, or the signature of one officer with the company seal.

_____ Witness	_____ Date	_____ Signature of Policyowner
_____ Witness	_____ Date	_____ Signature of Assignee
_____ Witness	_____ Date	_____ Signature of Present Beneficiary, if Irrevocable

E. RELEASE OF COLLATERAL ASSIGNMENT:

The consideration for the assignment of the above policy is fully paid or satisfied. It is hereby certified and declared that no proceedings in bankruptcy are pending against any person or party executing this instrument.

_____ Witness	_____ Date	_____ Signature of Assignee
_____ Witness	_____ Date	_____ Signature of Assignee

ENDORSEMENT FOR SECTION A THROUGH E

While this form has been prepared for the convenience of its policyowners, the Company assumes no responsibility for its validity or sufficiency.

Recorded at the Head Office of BMO® Insurance.

On: _____

F. DECLARATION OF LOSS OF POLICY

I/We certify that the policy has been lost or destroyed and request the issuance of:

- A duplicate policy where available (an administrative fee of \$50.00 is applicable for the release of any Duplicate Policy).
- Do not issue a duplicate, this policy is to be terminated (request attached).

I/We hereby agree that if the policy is found, the duplicate copy will be returned to the Company 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.

If the policy is assigned as collateral, a duplicate policy CANNOT be provided for the assignee.

_____ Witness	_____ Date	_____ Signature of Owner
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