

**Contact Us**

If you bought your coverage through an Independent Insurance Advisor, contact your Advisor or contact:  
 1-800-387-4483 • Fax 1-866-716-8999  
[insurance.clientservices@bmo.com](mailto:insurance.clientservices@bmo.com)

If you bought your coverage directly through BMO Insurance, contact:  
 1-800-387-9855 • Fax 1-877-279-2656  
[insurance.DirectAdmin@bmo.com](mailto:insurance.DirectAdmin@bmo.com)

**Request to set up or update pre-authorized debit plan (PAD)**

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

Policy number(s)	Policy owner(s)	Insured(s) (if different than the policy owner)	Payor(s) (if different than the policy owner)

**I would like to:**

- change my payment method to a pre-authorized debit plan       update my pre-authorized debit plan

**Additional requirements**

<b>For Universal Life and BMO Whole Life <u>with Additional Payment Option (APO)</u> insurance products only:</b>	Any third party payor who will be contributing funds to the policy must complete form <a href="#">576E</a> Verification of Identity and Third Party Determination in addition to this form.
<b>For all other life insurance products:</b>	Any third party payor who will be contributing funds to the policy, provide the relationship to the policy owner or insured: _____

Copy of VOID cheque or bank pre-authorized deposit form (attach to this form)  
 Name on the void cheque or on the bank pre-authorized deposit form must match the Payor.

All payments must be in Canadian funds drawn on a Canadian financial institution and be payable to BMO Life Assurance Company. If a PAD is returned due to non-sufficient funds (NSF), BMO Insurance is authorized to retry the payment within thirty (30) business days.

**All payors must agree to all of the following terms in order to use the PAD payment option.**

- BMO Life Assurance Company (Company) may make deductions, at any time, for regular recurring payments and/or one-time payments from time to time, from the bank account indicated on this form;
- For the purpose of this agreement, all pre-authorized debits will be treated as Personal under the Canadian Payments Association rules (this means having 90 calendar days from the date any payment is processed to claim reimbursement for any unauthorized payment);
- The withdrawal amount is considered to be variable under the Canadian Payment Association rules;
- Any notices to be sent under this agreement may be sent to the proposed owner/owner's most recent address that the Company has on record at the time the notice is sent;
- The Company may charge a fee and may cancel the PAD for any withdrawal that is not honoured;
- This authorization may be cancelled at any time upon the Company's receipt of written notice by the payor;
- Any cancellation of this pre-authorized withdrawal will not affect the agreement between them and the Company whatsoever with respect to any insurance coverage so long as payment is provided by an alternate acceptable method.
- All persons whose signatures are required to sign on this account have signed below, including any required joint account holder.
  - **To waive the requirement that BMO Life Assurance Company notify them of:**
  - **This authorization before the first payment is processed,**
  - **Any subsequent payments, and**
  - **Any changes to the amount or date of the payment initiated by them or the Company.**
- Payors have certain recourse rights in the event that a debit does not comply with this agreement. Payors have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. Payors may obtain a sample cancellation form or more information on rights to cancel this Authorization by contacting their financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

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
		Account holder/payor signature(s) (for a joint account, all depositors must sign)  X
		Policy owner(s) (if different than account holder/payor)  X