

REQUEST FOR POLICY CHANGE

Non-Smoker Change *Conversion Decrease Other

*The following plans are eligible for conversion purposes, subject to change without notice: 20 Pay Life, Term 100 Platinum, Life Dimensions, Universal Life Investment Loan Plan. Please contact our Customer Service Support area at 1-800-387-4483 to confirm eligible plans.

- INSTRUCTIONS:**
- 1) Complete and sign in DUPLICATE.
 - 2) Must be signed by the Life Insured or Owner; also by the Beneficiary if Irrevocable.
 - 3) If the policy is Assigned as collateral security, the form must also be signed by the Assignee.
 - 4) If the Owner is a company, the signatures of two signing officers and their titles are required. However, if the company seal is affixed to this form, only the signature of one signing officer and his/her title is required. All persons completing this form must have attained the age of majority.
 - 5) Send both copies of this form to Home Office for consent. One copy will be returned to be attached to the Policy.
 - 6) For Conversion to UL: If policy is company owned the following requirements must be met:
 - Form 569E, Business Activity Questionnaire - Supplementary Business Activity Questionnaire
 - Form 424E, Beneficial Ownership Questionnaire - Form 350E, Verification of Identity and Third Party Form

THE UNDERSIGNED owner of Policy Number _____ for the Life Insured named _____
_____ hereby requests BMO LIFE ASSURANCE COMPANY to issue, in place thereof, a new
Policy or an endorsement of the said original Policy, such change to be effective as of (dd/mm/yyyy) _____
and to provide as follows:

Amount of Insurance _____ with planned premiums to be monthly annually semi-annually

Plan of Insurance _____ **Smoker** **Non-Smoker**

Beneficiary Designation (if change desired, please complete Part A. of the, Policy Service Request Form 162E)

SPECIAL REQUESTS:

NOTE: For Universal Life, if the plan is to be changed to a Series I, Level COI, please indicate Investor Advantage Option:

Variable Option _____ % Fixed Option _____ %

Supplementary Benefits: Add _____ on the Life of _____

Delete _____ on the Life of _____

I have paid \$ _____ with this request. Sum Insured _____

And I/We the undersigned, being all persons having any interest in the said original policy, do hereby covenant and agree that this Request, together with any amendment, supplements and statements contained in the Application for the said original Policy, or in any other papers submitted to the Company in support of this request, is hereby made the basis of issue of the new Policy or endorsement issued on this Request; and that in consideration of such issue or endorsement I/We do hereby forever release and discharge the said Company from any and all liability, claim or demand under the said original Policy accepting in lieu thereof the new Policy, or the original policy as endorsed, as the case may be.

Witness _____ Date (dd/mm/yyyy) _____ Signature of Present Owner _____

Witness _____ Date (dd/mm/yyyy) _____ Signature of Present Owner _____

Witness _____ Date (dd/mm/yyyy) _____ Signature of Preferred or Irrevocable Beneficiary _____

Witness _____ Date (dd/mm/yyyy) _____ Signature of Collateral Assignee _____

Broker Code _____ Broker Name (please print) _____ Signature of Broker _____