REQUEST FOR TERM CONVERSION TO A PERMANENT PLAN

INSTRUCTIONS:

Use this form to apply for conversion of eligible BMO Life Assurance products. Please refer to our illustration software for current products offered.

Please complete a separate Request for Conversion to a Permanent Plan form for each life insured to be converted.

Requirements:

Issue Requirements – All Conversions

- Illustrations:
  - o For conversions to a UL Plan - the Tax Exempt Option must be "No Increases"
  - o For conversions to a CI Plan - For contracts issued prior to November 2, 2015, contact head office for quotes.
- Initial Premium - By cheque or by providing authorization to withdraw the initial premium from the client's account.

AML (Anti Money Laundering and Anti Terrorist Financing) Requirements – Conversions to a Universal Life

- Policy Owner ID – Proceeds of Crime Anti Terrorist Financing (Anti Money Laundering) form 576
- Deposit of $100,000 or more the Politically Exposed Foreign Person Questionnaire form 420
- Articles of Incorporation are required when the policy is owned by an entity

Canada-U.S. Enhanced Tax Information Exchange Agreement - Conversion to Traditional Whole Life or Universal Life

- For an Individual: Individual Status Self Certification form 641E
- For an Entity: Entity Status Self Certification form 638E

Section A – Policy Information

Policy Number

Policy Owner Name	Date of Birth (dd/mmm/yyyy)
Address (Street, Apt., R.R.) City	Prov. Postal Code
Policy Owner Name	Date of Birth (dd/mmm/yyyy)
Address (Street, Apt., R.R.) City	Prov. Postal Code

Section B – Information on Existing Policy

Name of Life Insured	Coverage to be converted	Current sum insured

☐ Full Conversion

☐ Partial Conversion –   Amount to be converted: $ _____

   – Amount not converted: ☐ Keep remaining balance inforce (subject to plan minimums)

   ☐ Reduce remaining balance to $ _____ (subject to plan minimums)

   ☐ Cancel remaining balance

Existing Rider or Benefits

i) ADB (Accidental Death Benefit)   ☐ Cancel   ☐ Convert

ii) WP (Waiver of Premium)   ☐ Cancel   ☐ Convert

iii) CTR (Child Term Rider)   ☐ Cancel   ☐ Convert

Section C – Information for Converted Policy

Convert to:

☐ Life Dimensions

    Cost of Insurance: ☐ Yearly Renewable Term   ☐ Level   ☐ Other: _____

    Death Benefit Option: ☐ Sum Insured   ☐ Sum Insured plus Fund Value

☐ 20 Pay Life

☐ Pure Term 100

    Critical Illness – (Only available for conversions from Living Benefit 10 or Living Benefit 20 plans/riders)

        ☐ Living Benefit 75

        ☐ Living Benefit 100

        ☐ 15-Pay Living Benefit 100

        ☐ Return of Premium on Surrender or expiry

        ☐ Return of Premium on Death

Section D – Payment Information

Planned Premium:

☐ Annual $ _____

☐ Semi-Annual $ _____

☐ Monthly $ _____

Amount paid with Conversion Request $ _____

Section E –Special Instructions

Section F – Signatures

- 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 any other documents submitted to the Company in support of this request, is hereby made the basis of issue of the new Policy or endorsement issued in response to 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.

- If there are two policy owners, both must sign.

- If the owner is a corporation one signature and titles of signing officer is required.

Signed at (city or town)			Province	Date (dd/mmm/yyyy)
Signature of Policy Owner #1 and Title (if applicable) X			Signature of Policy Owner #2 and Title (if applicable) X	
Name of Assignee (if applicable)			Signature of Assignee and Title (if applicable) X	
Signature of Irrevocable/Preferred Beneficiary (if Applicable) X			Signature of Witness X	
Advisor Name	Advisor code	%	Advisor Signature X	
Advisor Name	Advisor code	%	Advisor Signature X	
Advisor Name	Advisor code	%	Advisor Signature X	

639E (2015/12/01)