

APPLICATION FOR PRE-APPROVED CRITICAL ILLNESS

POLICY NO.: 123456
(the "Policy")

POLICY OWNER: Jane Client

LIFE INSURED: Jane Client

Please check one of the following:

Yes, the Policy Owner agrees to **add a \$75,000 10-year term Critical Illness Rider**, without further evidence of insurability.

Yes, the Policy Owner agrees to **add a lesser amount - \$ _____ 10-year term Critical Illness Rider**, without further evidence of insurability - *subject to a \$25,000 minimum.*

Beneficiary for Critical Illness Benefit

All proceeds payable under the Critical Illness Benefit Rider will be made to the **Life Insured of the Policy**

Authorizations and Acknowledgments

"You", "Your" means the Policy Owner.

By signing below:

- you agree that a Critical Illness Rider to be issued to you under the terms set out above.
- you acknowledge receipt of the illustration, which you understand will not become part of the contract
- this Application and Critical Illness Rider once issued will form part of the contract issued to you.
- you understand that your premium will be increased to reflect the additional coverage and will be collected in the same frequency and method as the Policy.
- you have been given the opportunity to apply for a Critical Illness Rider with higher coverage than the pre-approved amount or with other benefits. An application for higher coverage and with supplementary benefits may be subject to additional evidence of insurability

X _____
POLICY OWNER: Jane Client

X _____
WITNESS: Joe Broker

PLEASE RETURN THIS FORM **WITH THE POLICY** TO:

BMO Life Assurance Company
New Business Department
60 Yonge Street, 3rd Floor
Toronto, ON
M5E 1H5
ATTENTION: Reissues