

### DIRECT DEPOSIT INFORMATION

Please submit this form to: **Brokerage Distribution Support and Services**  
**Email: insurance.agencyservices@bmo.com**  
**Fax: 416-350-7600**

New Request       Change in Banking Information      Effective Date (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Advisor Name:	Advisor Code(s):		
Payee Name* (if different from Advisor Name above)	Payee Code(s) (if different from Advisor Code(s) above)		
Business Address:	City	Province	Postal Code
Business Phone:	Email Address:		

**\*The Payee must hold a valid license in the same jurisdictions as the advisor.**

**Banking Information - \*\* The VOID cheque must be pre-printed and in the name of the licensed advisor/payee.**

VOID CHEQUE REQUIRED

#### **BMO Insurance Privacy and Confidentiality Notice**

BMO Insurance from time to time will request personal information in respect of your Representative Agreement and will use this information to ensure our records are up to date. BMO Insurance will also use and collect additional information from third parties to ensure your Representative file is complete. BMO Insurance will keep your information in a file in its offices and will not disclose information in that file except to those BMO Insurance employees, agents, its affiliates, and administrators who need access in order to administer the terms of your Representative Agreement and to provide you with marketing and administrative support. You may request, upon presentation of proper identification and proof of entitlement, to review and if appropriate, correct your personal information in our possession by writing to: **Privacy Officer, BMO Life Assurance Company , 60 Yonge Street, Toronto, Ontario, Canada M5E 1H5**

#### **Head Office Use**

Head Office Administrator \_\_\_\_\_ Date completed (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_