

PRE-APPROVED: FOR CRITICAL ILLNESS INSURANCE

Date: August 11, 2010

Dear Joe Broker:

RE: Policy No. 123456

Thank you for placing your confidence in BMO® Insurance. The policy has been approved and is attached for delivery to Jane Client.

At this time, we are also pleased to inform you that Jane Client has **automatically been pre-approved for a \$75,000 Living Benefit 10 Critical Illness Rider – without any further evidence of insurability.**

Please review your client's critical illness insurance needs and determine if it's appropriate for them to take advantage of this exceptional offer that allows them to "*Bundle Up and Save!*" By adding this Rider, BMO Insurance will not charge an additional policy fee, making critical illness coverage more affordable! *For sample premiums, take a look at the enclosed rate card.*

Plus, your clients will automatically get the **Critical Care Assist*** benefit, which provides them and their extended family members with access to critical illness medical information and services when they need to be absolutely sure-provided by Best Doctors^{®†}, a world leader in connecting people to the best medical advice and care.

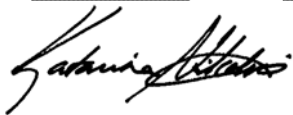
That's not all! At no additional charge, they will also receive the **helpinghands*** Assistance Services! With **helpinghands**, help is always as close as your phone: confidential answers to life's most personal questions- provided by Shepell-fgi, Canada's leading personal assistance program provider.

To take advantage of this valuable offer, please ask your client to complete and return the enclosed acknowledgement form, along with the policy and an accompanying illustration by September 10, 2010. We will then promptly add the Rider and return the amended policy to you for delivery.

If your client wishes to add a lower amount of coverage (subject to a minimum of \$25,000), just let us know and we will add that amount to the contract instead. If your analysis shows that more coverage is required or supplementary benefits (e.g. return of premium), just let us know and we will notify you if there are any additional requirements we need before approving the desired amount.

Everyone should have at least a small amount of critical care coverage to cover basic expenses, should the unforeseen happen. This is a cost effective, easy way, to take care of those needs.

Sincerely,



Katarina Nikolic, FLMI, FALU
Vice President and Chief Corporate Underwriter

NOTE: This offer expires on 30 days after issue of this letter.

^{®†}Best Doctors is a registered trademark of Best Doctors, Inc., used under license.

*Certain conditions apply.

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