

Line of Credit or Personal Loan Life Insurance Claim Creditor Insurance – Policy no. 51007 and/or 21559



BMO Bank of Montreal Representative:

Last name (print)	First name (print)
Signature X	Email address
Telephone number _ _	Fax number _ _
Date (dd-mm-yyyy) _ _	

Branch Domicile Stamp

What information is required for a Life Claim?

Checklist:

- If death occurred more than 2 years after the date of commencement of this insurance, the following documents are required:
 - Lender's statement (page 2 & 3) completed by the bank representative
 - Original Funeral Director's certificate of death OR certified copy of the official death certificate
 - Statement of Authorized Representative (page 4) completed and signed by the deceased's estate representative
- If death occurred less than 2 years after the date of commencement of this insurance, the following documents are required:
 - Lender's statement (page 2 & 3)
 - Statement of Authorized Representative (page 4) completed and signed by the deceased's estate representative. Please attach a copy of the deceased's Last Will.
 - Physician's Statement (page 5) completed and signed by the physician who was responsible for the deceased prior to the deceased's death
 - Original Funeral Director's certificate of death OR certified copy of the official death certificate

To ensure your claim is processed promptly:

- Complete all relevant Statements pertaining to your claim and return to your branch in a sealed envelope. Your Branch will forward the complete claim package to the insurer on your behalf.
- To prevent delays, please be sure the forms are fully completed and provide as much information as possible to help with the adjudication of your claim. Sun Life Assurance Company of Canada can only process your claim when we have received all of the required documents.
- For questions about your claim, you may call Sun Life Assurance Company of Canada at 1-877-271-8713.

Important notes:

- For deaths that occur outside North America, additional documentation may be required, Sun Life Assurance Company of Canada will contact you.
- Sun Life Assurance Company of Canada will inform you if your claim is subject to further investigations.
- Until Sun Life Assurance Company of Canada advises you in writing of the decision of the claim, it is the deceased estate's responsibility to continue the loan or line of credit payments.
- Proof of claim must be submitted within 1 year of date of death.
- Any required proof relating to a claim is at the expense of the representative submitting the claim.
- Retain a copy of the claim package for your records.

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.

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BMO Lender's Statement

Instructions – to be completed by the BMO Lender

- Attach the following documents:
 - A copy of all Insurance Application(s) pertaining to this claim.
 - For any Line of Credit product please also attach screen prints of the last 12 months average balances prior to the date of death. Please refer to "Inquiries – Year to date balances" and provide a screen shot of the screen. Important: Please write the date the screen print was taken.
- Advise the estate representative to complete all relevant Statements pertaining to their claim and return to you in a sealed envelope
- Forward the complete claim package including the completed Lender's Statement and relevant attachments as outlined above to Sun Life

Note – If the coverage status on the "Creditor Insurance at a Glance" screen is "Ineligible" or "Waived" please advise the customer there is no life coverage in force and do not provide a claim package.

1 Insured's information

First name	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language <input type="checkbox"/> English <input type="checkbox"/> French
Date of birth (dd-mm-yyyy)	Date of death (dd-mm-yyyy)	Telephone number	
Address (street number and name)			Apartment or unit
City	Province	Postal code	

2 Revolving Line of Credit – BMO Lenders please note that Sun Life requires all boxes in this section to be completed.

Line of Credit number 91052	Outstanding balance at date of death \$
Refer to "Loan Account Details" screen to complete this section	
Authorized limit \$	Date opened (dd-mm-yyyy)
Refer to "Inquiry – Creditor Insurance at a Glance Screen" to complete this section	
When coverage starts (dd-mm-yyyy)	Max amount covered \$
Current life coverage status <input type="checkbox"/> Active <input type="checkbox"/> Ineligible <input type="checkbox"/> Approved <input type="checkbox"/> Waived <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Cancelled <input type="checkbox"/> Quote	

Small Business Line of Credit Revolving

BMO Lenders please note that Sun Life requires all boxes in this section to be completed.

Line of Credit number 91052	Outstanding balance at date of death \$
Refer to "Loan Account Details" screen to complete this section	
Authorized limit \$	Date opened (dd-mm-yyyy)

3 Instalment Line of Credit – BMO Lenders please note that Sun Life requires all boxes in this section to be completed

Line of Credit number 91052		Outstanding balance at date of death \$	
Refer to <i>Service Navigator – Features - Renewal and Interest Rate</i>			
Original loan amount \$		Original loan date (dd-mm-yyy) – –	
If the insurance was sold after February 1, 2015 (BMO Protection Plans) Refer to <i>"Inquiry – Creditor Insurance at a Glance Screen"</i> to complete this section			
When coverage starts (dd-mm-yyyy) – –	Coverage option percentage <input type="checkbox"/> 50% <input type="checkbox"/> 100%	% of balance covered %	Max amount covered \$
Current life coverage status <input type="checkbox"/> Active <input type="checkbox"/> Ineligible <input type="checkbox"/> Approved <input type="checkbox"/> Waived <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Cancelled <input type="checkbox"/> Quote			

4 Loans – Small Business Instalment Loans, SRILs, RRSP Readilines and MECH Loans

BMO Lenders please note that Sun Life requires all boxes in this section to be completed.

Loan number		Outstanding balance at date of death \$	
Refer to <i>"Loan Account Details"</i> screen to complete this section			
Date opened (dd-mm-yyyy) – –	Original amount/limit \$	Amortization date (dd-mm-yyyy) – –	

5 Certification

I hereby certify to the accuracy of the above statements and to the fact this deceased was the person insured under Contract 21559 and/or 51007 issued by Sun Life Assurance Company of Canada for the stated indebtedness at the date of death.

First name		Last name	
Title	Transit number	Telephone number – –	
Signature of BMO lender X		Current date (dd-mm-yyyy) – –	

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Statement of Authorized Representative

Deceased's first name	Last name
Date the deceased first complained or gave other indication of his/her last illness (dd-mm-yyyy)	Date the deceased first consulted a physician for his/her last illness (dd-mm-yyyy)
Immediate cause of death	

If death occurred as a result of an accident, please provide details:

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Please provide the name and address of deceased's family physician:

First name of family physician	Last name		
Address (street name and number)			Unit or suite
City		Province	Postal code

Please provide the names and addresses of all physicians and all hospitals where the deceased received treatment during the 5 years prior to death:

First name	Last name	Address
Disease or condition		Dates treated

First name	Last name	Address
Disease or condition		Dates treated

Hospital	Address
Disease or condition	Dates treated

I certify that the information is true and correct. I authorize Sun Life Assurance Company of Canada, the plan administrator(s), and their agents and service providers to collect, use and disclose information needed for underwriting, administration and adjudicating claims under this insurance policy relating to _____ (the life insured) with any person or organization who has relevant information pertaining to this claim including health professionals, government agencies, provincial health care plans, institutions, investigative agencies, insurers and reinsurers. I understand that information pertaining to this claim may be reviewed in the event that this plan is audited.

I agree that a photocopy of this authorization or electronic version is as valid as the original and shall remain in effect for the duration of the claim adjudication.

Name of deceased's authorized representative	Relationship to deceased (e.g., next of kin, executor/executrix, etc.)		
Address (street name and number)			Unit or suite
City		Province	Postal code
Signature of authorized representative X		Telephone number	Date (dd-mm-yyyy)

Respecting your privacy

Your privacy is important to us. We may leverage our strengths in our worldwide operations in our negotiated relationships with third-party providers to help us service some of our customers. In some instances our employees, service providers, agents, reinsurers and any of their service providers, may be located in jurisdictions outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

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Physician's Statement

This section must be completed in all cases where death occurred less than 2 years after the date of commencement of this insurance.

Deceased's first name	Last name
Date of death (dd-mm-yyyy) — —	Place of death
Date illness began (dd-mm-yyyy) — —	Date you first treated the deceased for this condition (dd-mm-yyyy) — —
Immediate cause of death	Date of diagnosis (dd-mm-yyyy) — —
Contributory cause of death	Date of diagnosis (dd-mm-yyyy) — —

Was death due to Natural causes? Suicide? Accident? Homicide? Please provide details

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Have you treated or advised the deceased during the last 5 years? Yes No If yes, please provide the following:

Disease or condition	Dates
Disease or condition	Dates
Disease or condition	Dates

Did the deceased, to your knowledge, receive treatment during the last 5 years from any other physician, health practitioner, or in any hospital or institution? Yes No If yes, please provide the following: (attached extra sheets, if necessary)

First name	Last name	Address
Disease or condition		Dates treated
First name	Last name	Address
Disease or condition		Dates treated
Hospital	Address	
Disease or condition	Dates treated	

I certify that the information is true and correct.

Name of physician		
Specialty	Telephone number — —	Fax number — —
Address (street name and number)		Unit or suite
City	Province	Postal code
Signature of physician X		Date (dd-mm-yyyy) — —