

Non-Financial Change Form - BMO Guaranteed Investment Funds

In this form, the terms “you” and “your” refer to the Policyowner and Joint Owner (if applicable). “BMO Insurance” and “we” refer to BMO Life Assurance Company.

Please complete: **Section 1 “Policyowner Information”**; **Section 8 “Owner Acknowledgement and Agreement”**; **Section 9 “Advisor Information”** and the section(s) relating to the change(s) you are requesting.

The Advisor will forward the original signed Non-Financial Change Form to our Administrative and Services Office at the above address and retain a copy.

| | |
|----------------------------|---------------|
| Policy Number (Mandatory): | Account Type: |
|----------------------------|---------------|

Section 1: Policyowner Information

| | |
|-----------------------------|---|
| Name (Last, First, Initial) | Joint Owner Name (Last, First, Initial) |
|-----------------------------|---|

Section 2: Beneficiary Change

If you designate an irrevocable beneficiary you cannot make certain changes to the contract without the beneficiary’s written authorization.

Minor beneficiaries cannot give this approval.

A contingent beneficiary does not have rights while a primary beneficiary exists.

| | | | | |
|---|--|------------------------|---|---|
| Revocable or Irrevocable: Please indicate whether the beneficiary is revocable or irrevocable. The beneficiary is revocable unless otherwise indicated, except in Quebec, the designation of your spouse (married or civil union) is irrevocable unless you indicate otherwise. | | | | |
| If your policy currently has an irrevocable beneficiary, the existing irrevocable beneficiary must sign the form in Section 8. | | | | |
| Beneficiary Name | Relationship to Annuitant (Policyowner in Quebec) | Share of Benefit (%) * | Primary (P) Contingent (C) | Revocable (R) Irrevocable (I) |
| | | | <input type="checkbox"/> P <input type="checkbox"/> C | <input type="checkbox"/> R <input type="checkbox"/> I |
| | | | <input type="checkbox"/> P <input type="checkbox"/> C | <input type="checkbox"/> R <input type="checkbox"/> I |
| | | | <input type="checkbox"/> P <input type="checkbox"/> C | <input type="checkbox"/> R <input type="checkbox"/> I |
| | | | <input type="checkbox"/> P <input type="checkbox"/> C | <input type="checkbox"/> R <input type="checkbox"/> I |

*The total percentage for all Primary and all Contingent beneficiaries must equal 100%.

Trustee for minors (not available in Quebec)

| | | | |
|----------------------------|---------------------------|----------|-------------|
| Name of Trustee for minors | Relationship to Annuitant | | |
| Address | City | Province | Postal Code |

By naming a trustee for a minor beneficiary, you agree that any benefits that become payable to a minor child will be paid to the trustee to hold in trust for the child until the child becomes of age.

Section 3: Designation/Change of Successor, Owner/Subrogated Policyowner (non-registered only)

| | | | |
|---|--|---|-----------------------------|
| By completing this section, you designate a new successor owner or subrogated policyowner, or cancel and replace a previously designated successor owner or subrogated policyowner. All rights under your contract will pass to the successor owner or subrogated policyowner in the event of your death. | | | |
| Name (Last, First, Initial) | | Social Insurance No. - - | Date of Birth (dd/mmm/yyyy) |
| Address | | City | Province Postal Code |
| Occupation | | | |

Section 4: Designation/Change of Successor Annuitant (RIF and non-registered only)
For RIF, the successor annuitant must be your spouse or common-law partner.

| | | | |
|---|--|---|-----------------------------|
| By completing this section you designate a successor annuitant, or cancel and replace a previously designated successor annuitant. On your death, the policy will continue and no death benefit is payable. | | | |
| Name (Last, First, Initial) | | Social Insurance No. - - | Date of Birth (dd/mmm/yyyy) |
| Address | | City | Province Postal Code |

Section 5: Name Change

| | |
|--|--------------------|
| Please indicate name being changed: <input type="checkbox"/> Policyowner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Successor Annuitant <input type="checkbox"/> Beneficiary <input type="checkbox"/> Successor owner/Subrogated Policyowner | |
| Reason for change: <input type="checkbox"/> Marriage (please provide document) <input type="checkbox"/> Adoption (new birth certificate or adoption papers) <input type="checkbox"/> Legal changes (please provide document) <input type="checkbox"/> Corporate change (attach articles of amendment, certificate of amalgamation, change of business name) | |
| Former Name | New Name |
| Prior Signature X | New Signature X |
| Indicate new business numbers for corporate name change: Federal Quebec | |

Section 6: Address Change (If this change is to a non-Canadian address for a non-registered policy, please also complete and submit [RCS18](#) (Declaration of Tax Residency))

| | | | | |
|------------------------------|---|------|----------|-------------|
| Please indicate new address | | City | Province | Postal Code |
| Effective Date (dd/mmm/yyyy) | List other policy numbers to which this new address applies | | | |

Section 7: Transfer of Ownership (non-registered only)

If there are two policyowners, unless otherwise indicated, joint ownership with right of survivorship will be deemed to be elected, except in Quebec. On the death of one policyowner, the surviving policyowner becomes the sole owner of the policy. Automatic survivorship does not apply in Quebec and to elect survivorship each owner must designate each other a “subrogated policyowner”. You may also elect to hold the policy as joint tenants in common. In that case, each policyowner’s share passes to his or her estate on his or her death, unless a successor owner/subrogated policyowner is named. You may name a successor owner/subrogated policyowner to facilitate the transfer of ownership on your death.

| | | | | |
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| By completing this section, you transfer ownership of the policy to the new policyowner(s) and cancel any previous beneficiary designation, successor annuitant and successor owner (subrogated policyowner) designation. Any transfer of ownership must also include a completed application for the new owner. New Policyholder Information | | | | |
| Name (Last, First, Initial) or name of corporation, trust or other non-individual owner | | | Telephone number | |
| Address | | | City | Province Postal Code |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Language <input type="checkbox"/> English <input type="checkbox"/> French | Social Insurance No. - - | Date of Birth (dd/mmm/yyyy) | Occupation |
| If policyowner is a corporation, provide Business numbers Federal Quebec (NEQ) | | | | |
| Nature of Business | | | | |

Section 7: continued

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| What is the relationship between the existing and new policyowner? | | | | |
| If your policy currently has an irrevocable beneficiary, the existing irrevocable beneficiary and both the existing and new policyowner(s) must sign the form where indicated in Section 8. | | | | |
| New Joint Owner Information | | | | |
| Name (Last, First, Initial) | | | Telephone number | |
| Address | | City | Province | Postal Code |
| Male <input type="checkbox"/> | Language | Social Insurance No. | | Date of Birth (dd/mmm/yyyy) |
| Female <input type="checkbox"/> | <input type="checkbox"/> English <input type="checkbox"/> French | | | Occupation |
| Please check one to indicate the type of joint ownership: | | | | |
| <input type="checkbox"/> Joint ownership with rights of survivorship. In Quebec, by checking the box the joint owners select survivorship by appointing each other subrogated policyowner. | | | | |
| <input type="checkbox"/> Joint tenancy in common (indicate share (%) ownership, if no selection is made, the split is equal). | | | | |
| New Policyowner _____ % New Joint Owner _____ % | | | | |
| (1) Identity Verification | | | | |
| Is the new Policyowner(s) a non-individual Policyowner (e.g. corporation, partnership or trust)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If "yes", on Form 576E complete Section 1 Verification of Identity and Section 3 Business Activity Questionnaire. | | | | |
| If "no", please complete the following section. | | | | |
| New Policyowner Information: Which document is used to verify identity? | | | | |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Canadian Citizenship Card | | | | |
| <input type="checkbox"/> Canadian Armed Forces Identification <input type="checkbox"/> Age of Majority <input type="checkbox"/> Provincial Health Card (not accepted in Ontario, Manitoba, PEI) | | | | |
| Document number | | Place of Issue | | Expiry date (mm/yyyy) |
| New Joint Owner Information: Which document is used to verify identity? | | | | |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Canadian Citizenship Card | | | | |
| <input type="checkbox"/> Canadian Armed Forces Identification <input type="checkbox"/> Age of Majority <input type="checkbox"/> Provincial Health Card (not accepted in Ontario, Manitoba, PEI) | | | | |
| Document number | | Place of Issue | | Expiry date (mm/yyyy) |
| (2) Third Party Determination | | | | |
| Is the Contract non-registered and is a third party involved, (e.g. will a third party pay for this Contract or have access to the value of this Contract)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If 'yes' please attach completed Section 1 and Section 4 Advisor Certification Verification of Identify and Third Party Determination on Form 576E . | | | | |
| If the Third Party is a non-individual (e.g. corporation, partnership or trust) attach completed Form 576E . | | | | |

Section 8: Owner Acknowledgement and Agreement

If there is more than one owner, all owners must sign here.
For corporations, sign according to corporate resolution.
For trusts, all trustees must sign unless the trust agreement provides otherwise.

Your signature below (as applicable) confirms that:

X

Signature of Policyowner

X

Signature of Joint Owner

Date (dd/mmm/yyyy)

X

Signature of new Policyowner

X

Signature of new Joint Owner

Date (dd/mmm/yyyy)

X

Signature of Successor Annuitant

Date (dd/mmm/yyyy)

I hereby give my consent to the transactions selected above:

X

Signature of irrevocable beneficiary(ies)

Date (dd/mmm/yyyy)

X

Signature of assignee or hypothecary creditor (if applicable)

Date (dd/mmm/yyyy)

Section 9: Advisor Information

By signing below, I, the advisor, confirm that I have examined the new policyowner’s original, valid and unexpired identity documentation.

| | | |
|--|--------------------|--------------------|
| Name of Advisor (Last, First, Initial) | Dealer/Agency Code | Advisor Code |
| Signature of Advisor | | Date (dd/mmm/yyyy) |
| X | | |

Notes/Special Instructions (Advisor remarks)

BMO Insurance Privacy Notice

To learn more about how we collect, use, disclose and safeguard your personal information, your choices, and the rights you have, please see our Privacy Code (available at bmo.com/privacy). BMO Insurance has requested personal information in respect of your application for insurance. BMO Insurance will use this information and information in its existing files to assess risk, process your application, administer any policy, if issued and to investigate claims. BMO Insurance will also use and collect additional information from third parties to evaluate and investigate claims. BMO Insurance will keep your information in a file in its offices and will not disclose the information in that file except to those BMO Insurance employees, advisors, its affiliates, administrators or reinsurers who need access to assess risk and investigate claims. From time to time, BMO Insurance may wish to offer you upgrades to your coverage and additional products and services. You may ask us not to make these offers to you by writing to our Privacy Officer at the address below. You may also 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 Insurance, 250 Yonge St., 9th Floor, Toronto, ON, M5B 2L7.

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