

CHANGE OF ADDRESS

- Use this form to advise BMO Life Assurance (BMO Insurance) to change the address on one or more policies.
- For any address changes outside of Canada, please also complete the following:
 - For an Individual – Declaration of Tax Residence for Individuals – Part XVIII and Part XIX of the Income Tax Act form RC518
 - For an Entity – Declaration of Tax Residence for Entities – Part XVIII and Part XIX of the Income Tax Act form RC519

Section A – Policy Information

Policy Number(s)

Policy Owner

Name of Policy Owner	Date of Birth (dd/mmm/yyyy)
Name of Policy Owner	Date of Birth (dd/mmm/yyyy)

Section B – Address Change

Previous Address

Address (street number and name)			Apt #
City	Province/State	Postal/Zip Code	County
Home phone number	Business phone number		

New Address

Address (street number and name)			Apt #
City	Province/State	Postal/Zip Code	County
Home phone number	Business phone number		

Section C – Signatures

Signature of Policy Owner #1 and Title (if applicable)	Date (dd/mmm/yyyy)
X	
Signature of Policy Owner #2 and Title (if applicable)	Date (dd/mmm/yyyy)
X	