



CHANGE OF ADDRESS

Important Notes:

- 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, complete the following as well:
 - 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](#)

Policy Number(s)

Section A - Information about the policy owner

Policy Owner Name #1 (first, middle initial, last or full name for a corporation)	Date of Birth (dd/mmm/yyyy)
Policy Owner Name #2 (first, middle initial, last)	Date of Birth (dd/mmm/yyyy)

Section B - Address Change

Effective Date of Change (dd/mmm/yyyy)

Previous Address

Address (Number, Street, R.R.)			Unit Number
City	Province/State	Postal/Zip Code	Country
Contact Number	Email Address - by providing my email, I consent to receiving documents and information about this policy electronically.		

New Address

Address (Number, Street, R.R.)			Unit Number
City	Province/State	Postal/Zip Code	Country
Contact number (if different from above)	Email Address (if different from above)		

Section C - Signatures

- All persons signing this form have attained the age of majority.
- If there are two or more policy owners, all must sign.
- For a corporately owned policy, signature(s) and title(s) of the signing officer(s) with authority to bind the corporation is required.

Province Signed	Date (DD/MMM/YYYY)	Signature	Print Name
		Policy Owner #1 and Title (if applicable) X	
		Policy Owner #2 and Title (if applicable) X	