

FINANCIAL QUESTIONNAIRE - PERSONAL COVERAGE (to be completed by Proposed Insured)

Name: _____ Application No. _____

Amount applied for: _____ Beneficiary(ies): _____

Amount of Insurance In Force or Pending	Purpose of Insurance	Year Issued (If pending, please state so)	WP and/or ADB Amount

Purpose: Estate Preservation Creditor Income Replacement Other: _____

How was the amount determined? _____

PERSONAL INCOME AND NET WORTH

ANNUAL EARNED INCOME

Salary (Draw if Self-Employed): \$ _____
 Bonus: \$ _____
 Commission: \$ _____
 Other Earnings \$ _____
 \$ _____
 \$ _____
 Total Earned Income: \$ _____

ANNUAL UNEARNED INCOME

Dividends: \$ _____
 Interest: \$ _____
 Net Rentals: \$ _____
 Other: \$ _____
 \$ _____
 \$ _____
 Total Unearned Income: \$ _____

ASSETS

Cash: \$ _____
 Life Insurance net cash value: \$ _____
 Real Estate: \$ _____
 Business Equity: \$ _____
 Stocks (not including above): \$ _____
 Bonds \$ _____
 Other: \$ _____
 \$ _____
 Total Assets: \$ _____

LIABILITIES

Mortgages: \$ _____
 Personal Loans: \$ _____
 Liens/Judgements: \$ _____
 Other: \$ _____
 \$ _____
 Total Liabilities: \$ _____

NET WORTH: \$ _____

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured
		X