

IMMIGRATION AND CITIZENSHIP QUESTIONNAIRE (To be completed if permanent resident status is pending)

Client Name:	Policy Number
1. Date of entry into Canada (dd/mmm/yyyy)	2. Social Insurance Number - -

3. Do you intend to remain in Canada? Yes No

4. Have you applied for Permanent Resident Status in Canada? (if yes, please attach a copy of the application) Yes No

5. Have you received confirmation in writing that the status of your application for Permanent Resident status in Canada is "in process" or has been "approved"?
(If yes, please attach a copy of the written confirmation. Note if you have not received written confirmation, please do not proceed as BMO Insurance will not consider your application for insurance. Live-in caregivers are excluded.) Yes No

6. If you are currently residing in Canada as part of a governmental entry program, please identify under which program you have been approved:

Live-in Caregiver Program
 Federal Skilled Worker Program
 Provincial Nominee Program
 Federal Skilled Trades Program
 Canadian Experience Class
 Other _____

(If you submitted an application under the Provincial Nominee Program, you must attach a copy of the approval in writing from the Government of Canada. Note that if you have not received approval in writing, please do not proceed as BMO Insurance will not consider your application for insurance)

7. Do you currently have a valid Temporary Work Permit/Visa, Extended Work Visa or Open Work Permit? Yes No
 (Please attach a copy of work permit/visa)
 If yes, please provide the expiry date (dd/mmm/yyyy) _____
 (If expiring in the next 3 months please provide a copy of application to renew work permit/visa)

8. What is your present occupation? _____

9. What is the name of your present employer? _____

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