

INDIVIDUAL STATUS SELF CERTIFICATION

Information collected on this form will be used to comply with the Canadian Tax Regulatory requirements as mandated by the Canadian Revenue Agency (CRA). For more information relating to this certification, please consult your financial or tax advisor.

Policy No. (if applicable)

INSTRUCTIONS FOR COMPLETION

This form is to be completed for:

- A) Universal Life Policies, Traditional Whole Life Policies, Single Premium Immediate Annuity (Non-Registered) Policies or Guaranteed Investment Fund (Non-Registered) Policies.
- B) Request for Change to an Existing Policy for Universal Life, Traditional Whole Life, Single Premium Immediate Annuity (Non-Registered) and Guaranteed Investment Fund (Non-Registered)
 - Form must be completed and signed when making a request for change to an existing policy, including:
 - o Ownership changes,
 - o Address changes to the U.S.
 - o Term conversion to a Universal Life policy, or a Traditional Whole Life Policy.
- C) Death Claim on a Universal Life, Traditional Whole Life, Single Premium Immediate Annuity (Non-Registered) and Guaranteed Investment Fund (Non-Registered)

Completion by: Individual Policy Owner Individual Claimant (Beneficiary)

Section A – Policy Information

Name of Policy Owner/Claimant (Beneficiary)

Section B – Individual Policy Owner/Claimant (Beneficiary) Information

Are you a resident or a Citizen of the United States?

- Yes – TIN (Tax Identification Number) _____
- No

Section C – Signatures

- I certify that the information provided on this form is correct and complete and I acknowledge that information contained in this form and information regarding my policy(s) at BMO Life Assurance (BMO Insurance) may be reported to the Canada Revenue Agency.
- I also acknowledge that I will advise BMO Life Assurance (BMO Insurance) of any change in circumstances that may cause the information contained on this form to become incorrect and to provide an updated Self Certification Form.

Signature of Policy Owner and Title (if applicable)	Date (dd/mmm/yyyy)
X	
Signature of Claimant (Beneficiary)	Date (dd/mmm/yyyy)
X	