

Contact Us

If you bought your coverage through an Independent Insurance Advisor, contact your Advisor or contact: 1-800-387-4483 • Fax 1-866-716-8999 insurance.clientservices@bmo.com If you bought your coverage directly through BMO Insurance, contact: 1-800-387-9855 • Fax 1-877-279-2656 <a href="mailto:insurance.DirectAdmin@bmo.com">insurance.DirectAdmin@bmo.com</a>

## Name Change or Correction

- Use this form to advise BMO Life Assurance (BMO Insurance) of a change to the first and/or last name of an individual or a corporate name change.
- For an Individual name change, submit a copy of valid government-issued photo identification (e.g. Canadian passport or driver's license).
- For a Corporate name change submit supporting documents (example: Articles of Amendment, copy of the Official Document of Certificate used by Provincial Authority or other applicable legal documents). For Universal Life products, please also complete the Verification of Identity and Third Party Determination form, 576E and Declaration of Tax Residence for Entities form, RC519.

|  |                            | of Tax Residence for Entities <u>fo</u>  |                               | implete the verification of identity and filling raits |  |
|--|----------------------------|--|-------------------------------|--|--|
| • Do not use this fo                                   | orm for a transfer of owne | ership. Use Change of Policy Ow  | vnership <u>Form 409E</u> .   |  |  |
| Section A – Policy                                     | Number(s)                  |  |                               |  |  |
|  |                            |  |                               |  |  |
|  |                            |  |                               |  |  |
| Section B - Name                                       | : Change                   |  | 1                             |  |  |
| Policy Owner from:                                     |                            |  | То:                           |  |  |
| Life Insured from:                                     |                            |  | То:                           |  |  |
| Annuitant from:  |                            |  | To:                           |  |  |
| Beneficiary from:                                      |                            |  | То:                           |  |  |
| Reason for Chang                                       | e                          |  |                               |  |  |
| <ul><li>Marriage</li><li>Correction</li></ul>          |                            |  |                               |  |  |
| Divorce  |                            |  |                               |  |  |
| Adoption   |                            |  |                               |  |  |
| Other:   |                            |  |                               |  |  |
| Section C – Signat                                     | tures                      |  |                               |  |  |
| Province Signed  | Date (DD/MMM/YYYY)         | Signature  Policy Owner #1 and Title (if applicable)  X  For Corporately owned policies, I have authority to bind the company  Policy Owner #2 and Title (if applicable) |                               | Print Name   |  |
|  |                            |  |                               |  |  |
|  |                            |  |                               |  |  |
|  |                            |  |                               |  |  |
|  |                            |  |                               |  |  |
| X  For Corporately owned policies, I have authority to |                            |  | authority to bind the company |  |  |
|  | •                          |  |                               | •  |  |