

PREMIUM CHANGE REQUEST FORM

BMO Life Assurance Company (BMO Insurance) is requested and authorized to make the changes below regarding:

Policy Number(s)	Insured(s)	Policyowner(s)

A. CHANGE PREMIUM MODE TO

Annual Semi-Annual Monthly(complete section B)

B. CHANGE OF BANK (PRE-AUTHORIZED WITHDRAWALS)

- For Universal Life only – any Third Party who will be contributing funds to the policy, must complete form 576E Verification of Identity and Third Party Determination in addition to the current form.
- For all other Life products – any Third Party who will be contributing funds to the policy, provide the relationship to the policy owner or insured: _____

BMO® Insurance is requested and authorized to draw cheques in its favour under its pre-authorized plan on any account that may be designated from time to time, for the purpose of paying premiums.

Attach specimen cheque here

Signature of Accountholder: X

While the pre-authorized cheque plan is in effect, the mode of payment will be monthly. If a pre-authorized payment is returned due to non-sufficient funds, BMO Insurance is authorized to retry the payment within 10 business days. This agreement may be terminated upon written notice by the depositor(s) or by BMO Insurance if any cheque is not honoured on presentation, or if BMO Insurance has refunded the amount of such cheque to the bank or other financial institution.

Authorization for Pre-Authorized Cheque Plan (PAC)

I authorize BMO Life Assurance Company (BMO Insurance) to at any time begin deductions as per my instructions for monthly recurring premiums as payment for the insurance coverage as outlined in my policy contract.

1. I agree that, for the purpose of this agreement, all pre-authorized debits from my account will be treated as Personal.
2. I waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of withdrawal.
3. This authorization may be cancelled at any time upon BMO Insurance's receipt of written notice by me.
4. Any cancellation of this pre-authorized withdrawal will not affect the agreement between me and BMO Insurance whatsoever with respect to any insurance coverage so long as payment is provided by an alternate acceptable method.
5. I certify that all persons who are authorized to sign on this account have signed below, including any required joint account holder.
6. I acknowledge that my PAC withdrawal date will occur on the policy date.
7. I am aware that certain recourse rights exist in the event that a debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. I may obtain a sample cancellation form or more information on my right to cancel this Authorization by contacting BMO Insurance or by visiting www.cdnpay.ca

X _____
 Signature(s) Policy Owner

 Date (dd/mmm/yyyy)