

PRENEED DEATH CLAIM/CANCELLATION FORM

Important Notes:

- Please send completed form to BMO Life Assurance Company.
- For a Death Claim Benefit, submit the Funeral Director's Proof of Death Certificate.
- For a Cancellation of your policy, a portion or all of the cash value (if any) may be taxed as income, which may increase your taxable income for the year. We strongly urge you to contact a tax expert regarding possible tax consequences before you surrender this policy.
- If this policy has been assigned to a Funeral Home, other than the one performing the service, you must have that funeral home sign this form under the assignee section.
- Cancellation or surrender will terminate all protection provided under your policy(ies) stated below.

Certificate Number: _____

Section A - Request

- Death Claim Benefit Date of Death (dd/mmm/yyyy) _____
- Cancellation

Section B - Performing Funeral Home Information

Funeral Home Name			
Address (Street, Apt., R.R.)	City	Prov.	Postal Code
Contact No.	Fax No.		

Section C - Insured/ Annuitant Information

Name of Insured/Annuitant:			Date of Birth (dd/mmm/yyyy)
Address (Street, Apt., R.R.)			
City	Prov.	Postal Code	Social Insurance No. - -

Section D - Special Delivery or Payment Instructions

Section E - Signatures

Name of Authorized Representative for Performing Funeral Home	Date (dd/mmm/yyyy)
Signature of Authorized Representative for Performing Funeral Home X	
Name of Assignee (if applicable)	Date (dd/mmm/yyyy)
Signature of Assignee X	
Signature of Policy Owner, for cancellation only	Date (dd/mmm/yyyy)
X	