

REQUEST FOR TERM CONVERSION TO A PERMANENT PLAN

INSTRUCTIONS:

Use this form to apply for conversion of eligible BMO Life Assurance products. Please refer to our illustration software for current products offered. Please complete a separate Request for Conversion to a Permanent Plan form for each life insured to be converted.

Requirements:

Issue Requirements – All Conversions

- Illustrations:
 - o For conversions to a Universal Life Plan or BMO Insurance Whole Life Plan - Current Wave Illustration.
 - o For conversions to a CI Plan - For contracts issued prior to November 2, 2015, contact head office for quotes.
- Initial Premium - By cheque, credit card or by providing authorization to withdraw the initial premium from the client's account.

AML (Anti Money Laundering and Anti Terrorist Financing) Requirements - Conversions to a Universal Life or BMO Insurance Whole Life (With APO)

- Individually owned Universal Life and BMO Insurance Whole Life with APO [form 576E](#)
- Corporately owned Universal Life and BMO Insurance Whole Life - Articles of Incorporation and other documents as outlined in [form 576E](#)
- Deposit of \$100,000 or more the Politically Exposed Person Questionnaire [form 420E](#).

Common Reporting Standard – Enhanced Tax Information Exchange Agreement - Conversion to BMO Insurance Whole Life or Universal Life

- For an Individual - Declaration of Tax Residence for Individuals – Part XVIII and Part XIX of the Income Tax Act [form RC518](#).
- For an Entity – Declaration of Tax Residence for Entities – Part XVIII and Part XIX of the Income Tax Act [form RC519](#).

Section A – Policy Information

Section B – Information on Existing Policy

☐ Full Conversion

☐ Partial Conversion

– Amount to be converted: \$

– Amount not converted:

☐ Keep remaining balance inforce (subject to plan minimums)

☐ Reduce remaining balance to \$ (subject to plan minimums)

☐ Cancel remaining balance

Existing Rider or Benefits

i) ADB (Accidental Death Benefit)

☐ Cancel

☐ Convert

ii) WP (Waiver of Premium)

☐ Cancel

☐ Convert

iii) CTR (Child Term Rider)

☐ Cancel

☐ Convert

Section C – Information for Converted Policy

Convert to:

☐ Life Dimensions

☐ Wealth Dimensions

Cost of Insurance:

☐ Yearly Renewable Term

☐ Level

☐ Other: _____

Death Benefit Option:

☐ Sum Insured

☐ Sum Insured plus Fund Value

☐ BMO Insurance Whole Life Plan

☐ Whole Life Estate Protector

☐ Whole Life Wealth Accelerator

Premium Payment Options:

☐ 10 Pay

☐ 20 Pay

☐ To Age 100 'Life Pay'

☐ APO: ☐ Yes

Planned Premium: \$ _____

☐ No

☐ Term 100

Critical Illness – (Only available for conversions from Living Benefit 10 or Living Benefit 20 plans/riders)

☐ Living Benefit 75

☐ Living Benefit 100

☐ 15-Pay Living Benefit 100

☐ Return of Premium on Surrender or expiry

☐ Return of Premium on Death

Section D – Payment Information

Initial Payment of \$ _____ will be paid by (select one)

☐ With the Conversion request

☐ Pre-Authorized Debit (PAD)

☐ Cheque

☐ Credit Card - First ANNUAL payment only, up to a maximum of \$100,000

Subsequent payments paid by (select one)

☐ Monthly Pre-Authorized Debit (PAD)

☐ Annual Billing

Section E – Source of Payment

(Completion is Mandatory on all Universal Life Plan or the BMO Insurance Whole Life plan with Additional Payment Option (APO) Elected)

☐ Self-employment income

☐ Employment income

☐ Retirement Income/Pension Income

☐ Grants/Scholarships

☐ Insurance Claim Payments

☐ Corporate

☐ Investment Income/Savings

☐ Sale of Assets

☐ Trust/Inheritance

☐ Gift

☐ Loan

☐ Lottery Winnings

☐ Proceeds from a legal case or action

☐ Other _____

Section F – Special Instructions

Section G – Signatures

- And I/We the undersigned, being all persons having any interest in the said original policy, do hereby covenant and agree that this Request, together with any amendment, supplements and statements contained in the Application for the said original Policy, or any other documents submitted to the Company in support of this request, is hereby made the basis of issue of the new Policy or endorsement issued in response to this Request; and that in consideration of such issue or endorsement I/We do hereby forever release and discharge the said Company from any and all liability, claim or demand under the said original Policy accepting in lieu thereof the new Policy, or the original policy as endorsed, as the case may be.
- If there are two policy owners, both must sign.
- If the owner is a corporation one signature and title of signing officer is required.

Province Signed	Date (DD/MMM/YYYY)	Signature	Print Name
		Policy Owner # 1 and Title (if applicable) X	
		Policy Owner # 2 and Title (if applicable) X	
		Assignee and Title (if assigned) X	
		Irrevocable/Preferred Beneficiary (if applicable) X	
		Advisor X Code: Percentage:	
		Advisor X Code: Percentage:	