

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)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Employment income | <input type="checkbox"/> Retirement Income/Pension Income | <input type="checkbox"/> Grants/Scholarships |
| <input type="checkbox"/> Insurance Claim Payments | <input type="checkbox"/> Corporate | <input type="checkbox"/> Investment Income/Savings | <input type="checkbox"/> Sale of Assets |
| <input type="checkbox"/> Trust/Inheritance | <input type="checkbox"/> Gift | <input type="checkbox"/> Loan | <input type="checkbox"/> Lottery Winnings |
| <input type="checkbox"/> Proceeds from a legal case or action | <input type="checkbox"/> Other | <input type="text"/> | |

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.

Signed at (city or town)			Province	Date (dd/mmm/yyyy)
Signature of Policy Owner #1 and Title (if applicable)		Signature of Policy Owner #2 and Title (if applicable)		
X		X		
Name of Assignee (if applicable)		Signature of Assignee and Title (if applicable)		
		X		
Signature of Irrevocable/Preferred Beneficiary (if Applicable)				
X				
Advisor Name	Advisor code	%	Advisor Signature	
			X	
Advisor Name	Advisor code	%	Advisor Signature	
			X	
Advisor Name	Advisor code	%	Advisor Signature	
			X	