

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 – 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 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

- Verification of Identity and Third Party Determination [form 576E](#)
- Corporately owned Universal Life – Articles of Incorporation.
- Deposit of \$100,000 or more the Politically Exposed Person Questionnaire [form 420E](#).

Common Reporting Standard – Enhanced Tax Information Exchange Agreement - Conversion to Traditional 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

Policy Number			
Policy Owner Name		Date of Birth (dd/mmm/yyyy)	
Address (Street, Apt., R.R.)		City	Province Postal Code
Policy Owner Name		Date of Birth (dd/mmm/yyyy)	
Address (Street, Apt., R.R.)		City	Province Postal Code

Section B – Information on Existing Policy

Name of Life Insured	Coverage to be converted	Current sum insured
<input type="checkbox"/> Full Conversion <input type="checkbox"/> Partial Conversion – Amount to be converted: \$ _____ – Amount not converted: <ul style="list-style-type: none"> <input type="checkbox"/> Keep remaining balance inforce (subject to plan minimums) <input type="checkbox"/> Reduce remaining balance to \$ _____ (subject to plan minimums) <input type="checkbox"/> Cancel remaining balance 		
<p>Existing Rider or Benefits</p> <p>i) ADB (Accidental Death Benefit) <input type="checkbox"/> Cancel <input type="checkbox"/> Convert</p> <p>ii) WP (Waiver of Premium) <input type="checkbox"/> Cancel <input type="checkbox"/> Convert</p> <p>iii) CTR (Child Term Rider) <input type="checkbox"/> Cancel <input type="checkbox"/> Convert</p>		

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
 Whole Life Insurance Plan
 Premium Payment Options: 10 Pay 20 Pay To Age 100 'Life Pay'
 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

Planned Premium:

Annual \$ _____
 Semi-Annual \$ _____
 Monthly \$ _____
 Amount paid with Conversion Request \$ _____

Section E –Special Instructions

Section F – 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 titles 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	