



TERM CONVERSION APPLICATION

INSTRUCTIONS FOR ADVISORS:

Use this form to apply for an eligible permanent BMO Life Assurance product. Refer to our current WAVE Illustration software and Conversion Guidelines [Form 812E](#) for further details. Please submit a separate Conversion Application for each policy/rider.

REQUIREMENTS BY PRODUCT:	PRODUCT				
	Universal Life	Whole Life (with APO)	Whole Life (without APO)	Term 100	Critical Illness
Conversion Application Form 639E	✓	✓	✓	✓	✓
Current Wave Illustration	✓	✓	✓	✓	✓
					*For contracts issued prior to February 7, 2022, contact Insurance.individualnewbusiness@bmo.com for illustration.
Initial Premium (Refer to Payment Section E)	✓	✓	✓	✓	✓
Verification of Identity and Third Party Determination Form 576E	✓	✓			
Politically Exposed Persons Questionnaire Form 420E for deposits more than \$100,000	✓	✓			

ADDITIONAL REQUIREMENT IF OWNER IS A CORPORATION, TRUST OR OTHER ENTITY:

Common Reporting Standard - Enhanced Tax Information Exchange Declaration of Tax Residence for Entities (Part XVIII and Part XIX of the Income Tax Act form RC519)	✓	✓	✓		
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Section A - Existing Policy Owner Details

Policy Number					
Policy Owner 1 - Name (first, middle, last)				Date of Birth (dd/mmm/yyyy)	
Address (Street, Suite/Unit)		City		Prov.	Postal Code
Email Address		Mobile Phone Number (Preferred)		Home Phone Number (Optional)	
Policy Owner 2 - Name (first, middle, last) (if applicable)				Date of Birth (dd/mmm/yyyy)	
Address (Street, Suite/Unit)		City		Prov.	Postal Code
Email Address		Mobile Phone Number (Preferred)		Home Phone Number (Optional)	
If Owner is a Corporation, Trust or other Entity - Name and Trade Name (if applicable)		Address (Street, Suite/Unit)			
Contact Name	Email Address	Mobile Phone Number (Preferred)		Business Phone Number (Optional)	

Section B – Existing Policy Information

Name of Life Insured 1 (first, middle, last)	Name of Plan/Rider to be converted		Face Amount
Email Address	Mobile Phone Number (Preferred)	Home Phone Number (Optional)	
Name of Life Insured 2 (first, middle, last)	Name of Plan/Rider to be converted		Face Amount
Email Address	Mobile Phone Number (Preferred)	Home Phone Number (Optional)	
<input type="checkbox"/> Full Conversion <input type="checkbox"/> Partial Conversion Amount to be converted: \$ _____ Amount not converted: <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			
Existing Rider or Benefits (Addition of Riders/Benefits may be subject to approval. Refer to the Conversion Option provision in the policy contract).			
<input type="checkbox"/> ADB (Accidental Death Benefit) <input type="checkbox"/> WP (Waiver of Premium) <input type="checkbox"/> CTR (Child Term Rider) <input type="checkbox"/> CI (Critical Illness)	<input type="checkbox"/> Cancel <input type="checkbox"/> Convert	<input type="checkbox"/> Convert <input type="checkbox"/> Cancel	<input type="checkbox"/> Convert <input type="checkbox"/> Cancel

Section C – New Policy Information

<input type="checkbox"/> Wealth Dimensions Cost of Insurance: <input type="checkbox"/> Yearly Renewable Term <input type="checkbox"/> Level <input type="checkbox"/> Other: _____ Death Benefit Option: <input type="checkbox"/> Sum Insured <input type="checkbox"/> Sum Insured plus Fund Value			
<input type="checkbox"/> BMO Insurance Whole Life Plan <input type="checkbox"/> Whole Life Estate Protector <input type="checkbox"/> Whole Life Wealth Accelerator <input type="checkbox"/> APO: Planned Additional Payment: \$ _____ Premium Payment Options: <input type="checkbox"/> 10 Pay <input type="checkbox"/> 20 Pay <input type="checkbox"/> To Age 100 'Life Pay'			
<input type="checkbox"/> Term 100			
<input type="checkbox"/> Critical Illness – (Only available for conversions from Living Benefit 10 or Living Benefit 20 plans/riders) <input type="checkbox"/> Living Benefit 75 <input type="checkbox"/> Living Benefit 100 <input type="checkbox"/> 15-Pay Living Benefit 100			
Rider Options <input type="checkbox"/> Return of Premium on Surrender or expiry <input type="checkbox"/> Return of Premium on Death			

Section D – Regulatory Tax Reporting (FATCA and CRS Self-certification for Individual (non-entity) owners applying for Universal Life or BMO Insurance Whole Life Plan)

New Policy Owner 1

Social Insurance Number (SIN)					—				—			
Are you a tax resident or a citizen of the United States of America? (FATCA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Provide TIN (Taxpayer Identification Number)	_____									
Are you a tax resident of any country other than Canada or the United States of America? (CRS)	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Provide TIN (Taxpayer Identification Number)	_____									
Country _____												

New Policy Owner 2 (if applicable)

Social Insurance Number (SIN)					—				—			
Are you a tax resident or a citizen of the United States of America? (FATCA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Provide TIN (Taxpayer Identification Number)	_____									
Are you a tax resident of any country other than Canada or the United States of America? (CRS)	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Provide TIN (Taxpayer Identification Number)	_____									
Country _____												

Section E – Payment Information

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

Online Payment - **Annual Premium only**

Sign into your financial institution's online banking site or app where you normally pay bills.

Add: **Payee Name:** BMO LIFE ASSURANCE COMPANY **Account Number:** 811 (plus your BMO policy number). **Note:** The 811 is mandatory and needs to be included before your policy number. You'll need to enter a separate account number for each BMO policy that you are paying. If you need assistance in setting this up, please contact your own bank.)

Annual Pre-authorized Debit (PAD). (Complete Payment [Form 950E](#))

Monthly Pre-authorized Debit (PAD). (Complete Payment [Form 950E](#))

Cheque

Credit Card - **First Annual payment only**, up to a maximum of \$100,000 (Complete Payment [Form 950E](#))

Subsequent payments paid by (select one)

Monthly Pre-Authorized Debit (PAD)

Annual Billing

Section F – Source of Payment (Mandatory for Universal Life or BMO Insurance Whole life with Additional Payment Option (APO))

<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 G – Special Instructions

Section H – Signatures

- 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, Trust or other Entity, signature(s) and title(s) of signing officer(s) 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 Beneficiary (if applicable) X	

Section I - Advisor Information/Signature(s)

Province Signed	Date (DD/MMM/YYYY)	Advisor Name and Signature	Advisor Code	Percentage Split	MGA Name and MGA Code
		Servicing Advisor Name (please print) X Signature			
		Advisor Name (please print) X Signature			
		Advisor Name (please print) X Signature			