

Universal Life Investment Loan Agreement

An Investment Loan is only available on the 10-8 Investment Plan, 10-8 Universal Life Plan and Universal Life Investment Loan Plan and is not available on any other Universal Life Policy unless the contract was later modified to include the terms and conditions for the Universal Life Investment Policy Loan.

Please refer to your contract for the exact terms and conditions of the Investment Policy Loan.

Policy Number	Name of Policyowner
Name of Life Insured (if other than Policyowner)	

Please check one of the following boxes and if the first box is selected please provide an amount.

Subject to the terms and conditions of my policy contract,

please provide me with an Investment Policy Loan in the amount of \$ _____, (subject to the maximum available)

OR

please provide me with an Investment Policy Loan equivalent to 90% of the Net Cash Value of my policy. (Please note that by selecting this option, you may later be required to submit additional premiums to keep the policy in force.)

I/We understand that:

1. If the Investment Loan is available, the amount available is dependent on the Net Cash Value of the policy and the timing and amount of premiums paid. (Please refer to your policy contract for complete details, including details of fund transfers to the Collateral Loan Account.)
2. A Collateral Loan Account will be created for the same amount as the Investment Loan and will be adjusted up or down as additional loans or loan repayments are made.
3. The loan interest rate is determined as outlined in the policy contract and must be paid at each policy anniversary. If the loan interest is not paid by the policy anniversary an additional loan, equal to the interest owed to us, will be made on your behalf.
4. The interest on the Collateral Loan Account will be paid on each policy anniversary that there is a positive balance in the Collateral Loan Account and the interest will be credited to the Daily Interest Account.
5. **If at any time the Cash Value minus the amount of the Investment Policy Loan is less than the Monthly Deduction plus interest due on the policy loan, I will receive a notification from BMO Life Assurance Company (BMO Insurance) with an estimate of the minimum amount required to keep my policy in force until the next scheduled billing. Please note that the performance of your investment accounts may fluctuate and further deposits may be necessary.**

AUTHORIZATION(S)

I/We, the undersigned, request that BMO® Insurance effect the above transaction in accordance with the terms and conditions of the Policy.	Date (dd/mm/yyyy)
Policyowner(s) Signature(s)	Telephone no.
Address of Policyowner	City Province Postal code
Witness Signature (unrelated adult)	Witness please print name Telephone no.
Address of Witness	City Province Postal code
Signature of Collateral Assignee (if any)	
I/We, the undersigned, as irrevocable beneficiary(ies), previously designated or appointed in the policy, being of the full age of majority, consent to the foregoing request.	
Witness Signature (unrelated adult)	Signature(s) of Irrevocable Beneficiary(ies) (if any)

IMPORTANT NOTE: Currently the Canada Revenue Agency (CRA) allow for **tax-free** loans up to the Adjusted Cost Basis (ACB) of the policy. You are encouraged to consult with your legal or tax advisor to assess the tax treatment of this policy loan as it applies to your individual circumstances.