

Application for a Single Premium Immediate Annuity



**BMO Life Assurance Company
60 Yonge Street, Toronto, Ontario, Canada M5E 1H5
Tel 416-596-3900 • Fax 416-596-4143
Toll Free 1-877-742-5244**

348E (2017/08/01)

In this Application, the terms **you** and **your** refer to the annuity policy owner or owners. The terms **we**, **our** and **us** refer to BMO Life Assurance Company (BMO Insurance). All amounts are in Canadian dollars.

In which language would you like this policy to be issued? English French

We must receive the original of this application in order to issue the contract. Please make additional copies for the Owner and Advisor.

1. Annuitant Information

First Name	Middle	Last Name	Male <input type="checkbox"/>	Date of Birth (dd/mmm/yyyy)
Female <input type="checkbox"/>				
Address (Number, Street, Apt., R.R.)				No. of Years
City	Prov.	Postal Code	Residence Tel.	Business Tel.
Social Insurance No.	Citizenship <input type="checkbox"/> Cdn <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other(specify)		Are you a resident of Canada for income tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name	Principal Business and Occupation		Years with Current Employer	
Are you an intermediary or "gatekeeper" such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer Address (Number, Street, Apt., R.R.)			Type of Business	
City	Prov.	Postal Code	Business Tel.	

2. Secondary Annuitant Information

First Name	Middle	Last Name	Male <input type="checkbox"/>	Date of Birth (dd/mmm/yyyy)
Female <input type="checkbox"/>				
Address (Number, Street, Apt., R.R.)				No. of Years
City	Prov.	Postal Code	Residence Tel.	Business Tel.
Social Insurance No.	Citizenship <input type="checkbox"/> Cdn <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other(specify)		Are you a resident of Canada for income tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name	Principal Business and Occupation		Years with Current Employer	
Are you an intermediary or "gatekeeper" such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer Address (Number, Street, Apt., R.R.)			Type of Business	
City	Prov.	Postal Code	Business Tel.	

3. Owner Information (if other than annuitant)

First Name/Corporation Name	Middle	Last Name	Federal Business No.	Male <input type="checkbox"/>	Date of Birth (dd/mmm/yyyy)
Female <input type="checkbox"/>					
Address (Number, Street, Apt., R.R.)				No. of Years	
City	Prov.	Postal Code	Residence Tel.	Business Tel.	
Social Insurance No.	Citizenship <input type="checkbox"/> Cdn <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other(specify)		Are you a resident of Canada for income tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship to Annuitant					
Employer Name	Principal Business and Occupation		Years with Current Employer		
Are you an intermediary or "gatekeeper" such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer Address (Number, Street, Apt., R.R.)				Type of Business	
City	Prov.	Postal Code	Business Tel.		

4. Payee Information

- Annuitant
 Annuitant while living, then the secondary annuitant, if applicable
 Annuitants jointly and then the survivor (for non-registered contracts only)
 Owner
 Other (for non-registered contracts only - complete information below); for unrelated parties please complete the Verification of Identity and Third Party Determination (576E)

First Name	Middle	Last Name	Male <input type="checkbox"/>	
			Female <input type="checkbox"/>	
Address (Street, Apt., R.R.)			No. of Years	
City	Prov.	Postal Code	Residence Tel.	Business Tel.
Social Insurance No.		or Federal Business No.		
-				

5. Payment Information

- Direct deposit to Payee's bank account
attach a blank cheque marked "VOID" or if not available, complete the following banking information:

Name & branch of your Financial Institution: _____

Account number: _____ Branch transit number: _____

- Cheque to be mailed to Payee, as shown in Section 4 (available for annual payments only)

6. Fund Information

- Type of Funds:** Non-registered* RRSP Spousal RRSP LIRA/Locked in RRSP LIF
 RRIF Registered Pension Plan (RPP)** Deferred Profit Sharing Plan (DPSP)

***Source of Funds (Select all that apply) - Mandatory for Non-registered Funds.**

- 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

Method of Payment: Cheque made payable to BMO® Insurance Single Premium Amount \$ _____

- Transfer from another financial institution

Name of institution _____ Single Premium Amount \$ _____

The broker cannot sign on behalf of the transferee, please submit all the original copies of the transfer form to our office.

Are the transferred funds subject to pension legislation? Yes No

If yes, indicate the Province or Act: _____

****Are the Funds from a defined benefit Registered Pension Plan (RPP)?** Yes No

If yes, Form 778E "Additional Information Required for a SPIA Contract Purchased with Registered Pension Plan (RPP) Funds" must be completed. BMO Insurance will not issue a SPIA using a direct transfer of defined benefit RPP funds unless this Additional Information form is signed by the prospective Owner.

7. Request for Rate Guarantee

No, apply the rate basis in effect when funds are received by BMO Insurance.

Yes, guarantee the rate basis from the prepared quote under the Terms and Conditions for Rate Guarantees below.

Please fax your request to BMO Insurance at 1-866-716-8999 or locally at 416-350-6611 no later than midnight EST on the next business day following the day that the quote was produced.

Rate Effective Date (dd/mmm/yyyy): _____

Date signed (dd/mmm/yyyy) _____ Owner's Signature: X

Terms and Conditions for Rate Guarantees

By indicating that a rate guarantee is requested, the Owner agrees to transfer the total amount of premium to BMO Insurance. The Owner acknowledges that the commitment to transfer the funds is irrevocable.

In order to hold the rate, we will require the following no later than midnight EST on the next business day following the day that the quote was produced:

- A copy of the quote and signed application;
- In the case of a non-registered application, a copy of the cheque for the full single premium.

All items must be received at our Head Office in Toronto.

Cheques for non-registered funds for the full single premium should be made payable to BMO Insurance and must be received in our Head Office in Toronto within 10 calendar days of the date of the Request for Rate Guarantee.

Registered funds must be received by BMO Insurance within 45 calendar days of the date of the Request for Rate Guarantee.

If the funds are received by BMO Insurance more than 10 calendar days for non-registered funds or more than 45 days for registered funds after the date of this request, BMO Insurance has the right to give the less favorable of the rate basis in effect on the date funds are received and the guaranteed rate basis, but in no case will a more favorable rate than the guaranteed be given.

If the actual amount received is greater than the figure or estimated figure shown on this application by more than \$5,000.00, BMO Insurance reserves the right to give the less favorable of the rate basis in effect on the date funds are received and the guaranteed rate basis to the excess amount.

This rate guarantee is not a guarantee of income, but rather a guarantee of the rate basis used in the quotation. Note that the rate basis is only one of the factors used to calculate the income or single premium. If the funds are not received on the exact purchase date, BMO Insurance will re-quote based on the actual date of receipt, using the same guaranteed rate to determine the revised income or single premium amount but adjust the purchase date to the date of receipt of payment.

8. Annuity Details

Annuity Type: Single Life Joint and Survivor Life Term Certain

For Locked in Retirement Accounts, Locked in RRSP or RPP, do you have a spouse as defined under the applicable pension legislation?
 Yes No If yes, and you are **not** selecting the minimum joint and survivor life annuity as defined under the applicable pension legislation, a Spousal Waiver Form must be completed.

Payment Frequency: Monthly Quarterly Semi-Annual Annual

Payment annual indexing (maximum 4% for registered funds; 6% for non-registered funds): Yes _____% No

Estimated first income payment based on annuity quotation: \$ _____

First payment date: One month after purchase date
 Specific date (dd/mmm/yyyy) _____ (1st to the 28th only)

Payment Guaranteed Options: Years _____ Months _____ No guaranteed period*

* My signature below confirms I understand and agree that no income payments or other amounts are payable after the death of all Annuitants if the death occurs on or after the day the first income payment is made.

Signature of Owner(s) X _____

Payment reduction (Joint and Survivor Life policies only after any guaranteed period):

No reduction
 Payments reduced to % _____ on death of: First annuitant to die Primary annuitant Secondary annuitant

Taxation (for non-registered annuities):

Level taxation (Prescribed Annuity) if applicable Accrual taxation

9. Beneficiary Information

The person you name below as the primary beneficiary will receive the death benefit or any remaining guaranteed income payments if the annuitant dies before income payments have begun or before all guaranteed income payments have been made. If the primary beneficiary dies before the annuitant does, the secondary beneficiary (if one is designated) will receive the death benefit or any remaining guaranteed payments.

Primary beneficiary: _____ Relationship to Owner: _____

Secondary beneficiary: _____ Relationship to Owner: _____

If you live in Quebec, and you've named your spouse as the primary beneficiary - that designation is automatically irrevocable under Quebec law. For Quebec residents, if you wish this designation to be revocable, indicate so here: Revocable

In other provinces, beneficiaries are automatically revocable. If you would like your beneficiary to be designated irrevocable, indicate so here: Irrevocable

10. Additional Information Required For a Non-Registered Contract

The following question must be completed if the premium is from a non-registered source.

Have you applied for or bought a life insurance policy within the last six months or do you intend to apply for one in the next six months?

Yes No

If your answer is "Yes", please be advised that we will decline this application for a Single Premium Immediate Annuity and we will not issue an annuity policy. If you answer "No" and we determine your answer to not be true, we will not issue the annuity and we will exercise our right to rescind any annuity contract issued on the basis of the incorrect information provided in this application.

11. Special Requests/Comments/Additional Information

12. Signatures/Declaration

What You Understand and Agree to When You Sign this Application

By signing you confirm that:

- The statements appearing in the Application are true and are submitted as the basis for the policy to be issued
- You have applied for an BMO Insurance Single Premium Immediate Annuity Policy and asked us to issue a policy as selected
- You understand the policy that you have requested will not take effect until we have received your Single Premium and required documentation
- You understand that any amounts paid to your beneficiaries could be subject to income tax
- You authorize us to use your Social Insurance Number for identification, administrative and income tax reporting purposes in connection with your policy
- If you have reserved an interest rate, you have read and agree to the interest rate guarantee agreement included with this application
- You accept any changes or additions noted in Section 11 (Special Requests/Comments/Additional Information)
- You are a resident of Canada for income tax purposes (if not, we will not issue an annuity)
- If this application is not accepted by BMO Insurance, any monies received will be refunded.
- You may discuss any questions or concerns you may have with your Advisor or BMO Insurance. You understand that more information is available at www.bmoinsurance.com.

The undersigned hereby declare and agree that the above statements and answers given in this Application are true and complete, and that the undersigned have read, understand and agree with the above terms and conditions. If you are signing on behalf of a corporation, please include your title.

X

Signature of Annuitant

Date (dd/mmm/yyyy)

X

Signature of Secondary Annuitant (if applicable)

Date (dd/mmm/yyyy)

X

Signature of Owner (if other than annuitant)

Date (dd/mmm/yyyy)

X

Witness – Advisor

Signed at (city/province)

Date (dd/mmm/yyyy)

Protecting Your Personal Information

BMO Insurance will establish a confidential file containing your personal information for the purposes of administering your policy.

We recognize and respect your right to privacy. Access to this information will be limited to our employees who require the information to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

The information will be kept in our Head Office, and may be accessed, for review to make corrections, in our office closest to your province of residence. To access your file, please write to the BMO Insurance Compliance Officer, 60 Yonge Street, Toronto, Ontario, M5E 1H5.

By signing this Application, you give us your consent to:

1. Obtain personal information about you from persons outside Canada (e.g. your advisor), if this information is necessary for the purposes specified above, and
2. Disclose your personal information to our affiliates and service providers when disclosure is necessary for the purposes specified above.

You have the right to withdraw your consent by writing to the above address, however, absence of consent may affect the services we are able to offer you.

ADVISOR'S REPORT (to be completed by Advisor)

A) Confirmation of Annuitant identification and age

Annuitant: _____

Approved (Government Issued Photo ID) Documentation

Driver's License Passport Certificate of Canadian Citizenship

Provincial ID Other specify _____

Document number: _____

Country of Issue and Province: _____ Date of Expiry: _____

B) Confirmation of Secondary Annuitant identification and age (if applicable)

Annuitant: _____

Approved (Government Issued Photo ID) Documentation

Driver's License Passport Certificate of Canadian Citizenship

Provincial ID Other specify _____

Document number: _____

Country of Issue and Province: _____ Date of Expiry: _____

If the funds used are non-registered you must submit the following additional form(s) with this application.

FORM NAME	FORM #	REQUIREMENT
Verification of Identity and Third Party Determination	576E	Must be submitted with all applications if funds used are non-registered.
Politically Exposed Persons Questionnaire	420E	Must be submitted with all applications if funds used are non-registered AND if a deposit of \$100,000 or more will be made or has been illustrated.
Declaration of Tax Residence for Individuals	RC518E	Must be submitted with all applications if funds are non-registered and the Policy Owner is an individual.
Declaration of Tax Residence for Entities	RC519E	Must be submitted with all applications if funds are non-registered and the Policy Owner is an Entity.

Identity and Age Verification

By signing here, I hereby certify that I used the preceding original valid document to verify the identity and date of birth of the Annuitant (and Secondary Annuitant, if any) and that the issuing jurisdiction, document number, individual's name appearing therein and date of birth as indicated here or above, were correctly transcribed from such document (please attach copies of original documents with this application).

By signing here, I also confirm that I have disclosed to the Policy Owner(s):

- the names of other companies that I currently represent;
- that I will receive compensation (such as commissions) for the sale of this product;
- that I may also receive additional compensation in the form of bonuses, conference programs or other incentives;
- any conflicts of interest that I may have with respect to this transaction.

X _____
Signature of Advisor

Date (dd/mmm/yyyy)

Name of Advisor (Please Print)

Advisor Code

MGA Code