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## CHANGE OF ADDRESS FORM

**INSTRUCTIONS:** All persons signing this form must have attained the age of majority. Before returning, please check that the appropriate section is fully completed.

BMO Life Assurance Company (BMO Insurance) is requested and authorized to make the changes below regarding:

Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_

Policyowner(s): \_\_\_\_\_

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### CHANGE ADDRESS TO:

Street Name \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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X \_\_\_\_\_  
Policy Owner Signature \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_