

CHANGE OF BENEFICIARY 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 and the signatures have been witnessed and dated.

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

Policy Number: _____ Insured: _____

Policyowner(s): _____

CHANGE PRIMARY BENEFICIARY TO:

NOTE: In the province of Quebec, a spousal beneficiary is irrevocable unless stated to be revocable.

Revocable Irrevocable

Full Name(s)	Relationship to the Insured	Date of birth if under age 18
_____	_____	_____
_____	_____	_____

Insurance proceeds will be payable in equal shares to all beneficiaries named above who survive the Insured, unless otherwise stated in writing, but if none survive, equally among all persons who are named as Contingent Beneficiaries and who survived the Insured.

NOTE: If a company is named, we need signatures of two signing officers and their titles, or the signature of one officer with the company seal.

Trustee, if any, if Beneficiary is a minor: _____
Full Name Relationship to the Insured

Contingent Beneficiary, if any: _____
Full Name Relationship to the Insured

Trustee, if any,
 if Contingent Beneficiary is a minor: _____
Full Name Relationship to the Insured

Witness Date Signature of Policyowner

Witness Date Signature of Present Beneficiary if Irrevocable