

CHANGE OF ADDRESS

- Use this form to advise BMO Life Assurance (BMO Insurance) to change the address on one or more policies.

Section A – Policy Information

Policy Number(s)

Policy Owner

Name of Policy Owner	Date of Birth (dd/mmm/yyyy)
Name of Policy Owner	Date of Birth (dd/mmm/yyyy)

Section B – Address Change

Previous Address

Address (street number and name)			Apt #
City	Province/State	Postal/Zip Code	County
Home phone number	Business phone number		

New Address

Address (street number and name)			Apt #
City	Province/State	Postal/Zip Code	County
Home phone number	Business phone number		

Section C – Signatures

Signature of Policy Owner #1 and Title (if applicable) X	Date (dd/mmm/yyyy)
Signature of Policy Owner #2 and Title (if applicable) X	Date (dd/mmm/yyyy)