

Introducing the Forms & Questionnaires

on our *Advisor Website*

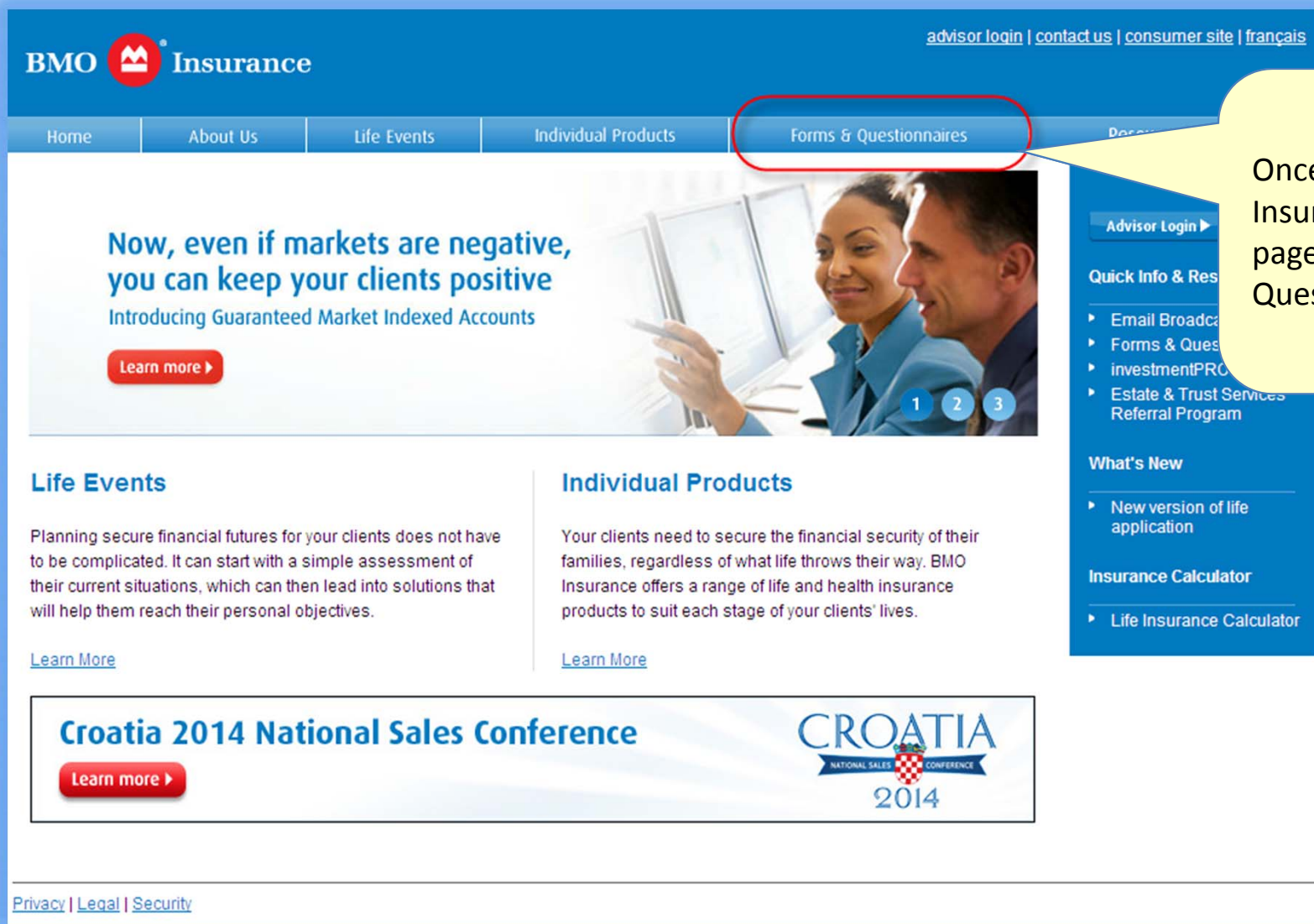
www.bmoinsurance.com/advisor

Making it easier to do business with us!



FORMS & QUESTIONNAIRES

Accessing Forms & Questionnaires



BMO Insurance

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Now, even if markets are negative, you can keep your clients positive
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Planning secure financial futures for your clients does not have to be complicated. It can start with a simple assessment of their current situations, which can then lead into solutions that will help them reach their personal objectives.
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Individual Products
Your clients need to secure the financial security of their families, regardless of what life throws their way. BMO Insurance offers a range of life and health insurance products to suit each stage of your clients' lives.
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Croatia 2014 National Sales Conference
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What's New
▶ New version of life application

Insurance Calculator
▶ Life Insurance Calculator

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Once you're at the BMO Insurance Advisor home page, click on the 'Forms & Questionnaires' tab.

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Forms & Questionnaires

If you cannot find the form you are looking for, please [contact us](#)

New Business Applications

Underwriting Questionnaire

Policy Service Forms

Claims

• The Supplemental Business Activity Questionnaire 5755

There are 4 tabs which contain the new Forms & Questionnaires:

- New Business Applications
- Underwriting Questionnaires
- Policy Service Forms
- Claims

FORMS & QUESTIONNAIRES

New Business Applications & Underwriting Questionnaires

Forms & Questionnaires

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New Business Applications	Underwriting Questionnaire	Policy Service Forms	Claims
---------------------------	----------------------------	----------------------	--------

- [The Supplementary Business Activity Questionnaire 575E](#)
- [Authorization to Disclose 562E](#)
- [Application for Single premium Immediate Annuity 348E](#)
- [Application for Life and Critical Illness 126E](#)
- [Best Practice Guide to Completing the BMO Insurance Application for Life and Critical Illness 126E](#)
- [Childrens Term Rider Favor Waiver 341E](#)
- [Business GIO Worksheet 416E](#)
- [Verification of Identity and Third Party Determination 350E](#)
- [Politically Exposed Foreign Persons Questionnaire 420E](#)
- [Beneficial Ownership Questionnaire 424E](#)
- [Credit Card Authorization - Initial 464E](#)
- [Critical Illness Pre-Screening Checklist 315E](#)
- [Critical Illness Supplementary Questionnaire 316E](#)
- [Declaration of Insurability 166E](#)
- [Declaration of Source of Funds 568E](#)
- [Business Activity Questionnaire 569E](#)
- [Non Resident Individual Questionnaire 573E](#)

Forms & Questionnaires

If you cannot find the form you are looking for, please [contact](#) us

New Business Applications	Underwriting Questionnaire	Policy Service Forms	Claims
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- [Alcohol Questionnaire 135E](#)
- [Asthma Respiratory Questionnaire 136E](#)
- [Authorization to Disclose 562E](#)
- [Automobile Racing Questionnaire 137E](#)
- [\(Civil\) Aviation Questionnaire 138E](#)
- [Back Pain Questionnaire 147E](#)
- [Ballooning Hang Gliding Ultralite Questionnaire 139E](#)
- [Chest Pain Discomfort Questionnaire 140E](#)
- [Critical Illness Supplementary Questionnaire 316E](#)
- [Declaration of Insurability 166E](#)
- [Depression Mental Nervous Questionnaire 141E](#)
- [Diabetic Questionnaire 142E](#)
- [Driving Licence Questionnaire 143E](#)
- [Drug Usage Questionnaire 144E](#)
- [Epilepsy Questionnaire 145E](#)
- [Financial Questionnaire-Business Coverage 146E](#)
- [Financial Questionnaire-Personal Coverage 148E](#)
- [Foreign Travel Questionnaire 313E](#)
- [Gastro-Intestinal Questionnaire 150E](#)
- [Headache Questionnaire 151E](#)
- [Motorcycle Questionnaire 152E](#)
- [Mountaineering Questionnaire 153E](#)
- [Non Smoker Questionnaire 154E](#)
- [Occupation Questionnaire 155E](#)
- [Parachuting Sky Diving Questionnaire 156E](#)
- [Power Boat Racing Questionnaire 157E](#)
- [Scuba Diving Questionnaire 158E](#)
- [Sky Diving Questionnaire 159E](#)
- [Snowmobiling Questionnaire 160E](#)
- [Declaration of Source of Funds 568E](#)
- [Business Activity Questionnaire 569E](#)

FORMS & QUESTIONNAIRES

Policy Service Forms & Claims

Forms & Questionnaires

If you cannot find the form you are looking for, please [contact us](#)

New Business Applications	Underwriting Questionnaire	Policy Service Forms	Claims
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- [The Supplementary Business Activity Questionnaire 575E](#)
- [Critical Illness Supplementary Questionnaire 316E](#)
- [Declaration of Insurability 166E](#)
- [In-force Illustration Request Form 317E](#)
- [Policy Service Request Form 162E](#)
- [Premium Change Request Form 164E](#)
- [Request for Policy Change 165E](#)
- [Verification of Identity and Third Party Determination Form 350E](#)
- [Politically Exposed Foreign Persons Questionnaire 420E](#)
- [UL Investment Loan Agreement 347E](#)
- [Investment Allocation 174E](#)
- [Policy Service Change of Ownership 409E](#)
- [Business GIO Worksheet 416E](#)
- [Long Form Health Certificate 167E](#)
- [Declaration of Source of Funds 568E](#)
- [Business Activity Questionnaire 569E](#)
- [Non Resident Individual Questionnaire 573E](#)

Forms & Questionnaires

If you cannot find the form you are looking for, please [contact us](#)

New Business Applications	Underwriting Questionnaire	Policy Service Forms	Claims
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- [Claim Inquiry Form](#)

FORMS & QUESTIONNAIRES

BONUS FEATURE - FILLABLE FORMS!



RESET

PRINT

BMO Life Assurance Company
60 Yonge Street, Toronto, ON M5E 1H5
1-877-742-5244 • 416-596-4143 Fax

DECLARATION OF INSURABILITY

(to be completed by Life Insured)

Name: John Smith Policy No.: 123456

I, John Smith, declare that since 12/12/2012, the date I made the application to BMO Life Assurance Company (BMO Insurance),

- 1) There has been no change in my health;
- 2) There has been no change in my occupation;
- 3) There has been no change in my smoking habit - please indicate: ☒ non-smoker ☐ smoker;
- 4) There has been no change in my foreign travel activities;
- 5) I have not engaged in aviation activities, hazardous sports, avocations or hobbies nor expect to do so;
- 6) I have not made an application for insurance which has been rated, postponed, declined or modified in

Exception:

Exceptions.....

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Insurance, and they shall be of the same effect as if contained in the original application.

Dated at Toronto this 26th day of January 2015.

Witness

Life Insured

Fillable forms:

All of our forms have been converted to a new fillable version where you can fill the form out on the spot.

For more information, please contact your BMO Insurance Regional Sales Office. We appreciate your business!

Western Region:

Vancouver

Toll Free: 1-877-877-1272

Calgary

Toll Free: 1-877-847-8160

Ontario Region:

Toronto

Toll Free: 1-800-608-7303

Quebec/Atlantic Region:

Montreal

Toll Free: 1-866-217-0514



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