



When printed at BMO branch:

BMO employee must follow the steps below:

1. Before your customer leaves the branch:
 - Complete the Lenders Statement found in this claim package on pages 2 & 3.
 - Provide your customer with a copy of their Insurance Application Form found in their customer file.
Note: You may need to request a copy from their home branch.
2. Advise your customer to carefully read and follow the instructions on page 1 of this claim package to complete their claim.



When printing at home:

BMO client must follow the steps below:

1. This claim package includes:
 - **Bank Statement:** To be completed by BMO employee. Visit your local branch to complete this statement. While you are at your branch, collect a copy of the Insurance Application Form.
To locate your nearest branch and book an appointment visit branchlocator.bmo.com.
 - **Authorized Representative Statement:** To be completed by the authorized representative.
 - **Physicians Statement:** To be completed by the deceased treating doctor.
2. Carefully read and follow the instructions on page 1 for additional required documentation.
3. Once all of the above are completed and in your possession, submit them to Sun Life as per the instructions on page 1 of this claim package.

Important notes:

- Sun Life will only process your claim when **all** statements are fully completed.
- For questions about your claim, you may call Sun Life Assurance Company of Canada at 1-877-271-8713.
- Discard this page before sending to Sun Life.

Mortgage Life Insurance Claim Creditor Insurance – Policy no. 51007



BMO Bank of Montreal Representative:

Last name (print)	First name (print)
Signature X	Email address
Telephone number _ _	Fax number _ _
Date (dd-mm-yyyy) _ _	

Branch Domicile Stamp

What information is required for a Life Claim?

Checklist:

- If death occurred more than 2 years after the date of commencement of this insurance, the complete claim package consists of:
 - Bank's statement (page 2-3)
 - Original Funeral Director's certificate of death OR certified copy of the official death certificate
 - Statement of Authorized Representative (page 4) (completed and signed by the deceased's estate representative)
- If death occurred less than 2 years after the date of commencement of this insurance, the complete claim package consists of:
 - Bank's statement (page 2-3)
 - Statement of Authorized Representative (page 4) (completed and signed by the deceased's estate representative). Please attach a copy of the deceased's Last Will.
 - Physician's Statement (page 5) (completed and signed by the physician who was responsible for the deceased prior to the deceased's death)
 - Original Funeral Director's certificate of death OR certified copy of the official death certificate

To ensure your claim is processed promptly:

- Ensure that all required forms are fully completed and returned as soon as possible.
- Return completed package in a sealed envelope (except the Bank's statement) to your branch. Your branch will forward the claim package to the insurer on your behalf.
- Sun Life Assurance Company of Canada can only process your claim once we have received all the above documents fully completed. To prevent delays, please be sure the forms are completed in full and provide as much information as possible to help with the adjudication of your claim.
- For questions about your claim, you may call Sun Life Assurance Company of Canada at 1-877-271-8713.

Important notes:

- For deaths that occur outside North America, additional documentation may be required, Sun Life Assurance Company of Canada will contact you.
- Sun Life Assurance Company of Canada will inform you if your claim is subject to further investigations.
- Until Sun Life Assurance Company of Canada advises you in writing of the decision of the claim, it is the deceased estate's responsibility to continue the mortgage payments.
- Proof of claim must be submitted within 1 year of date of death.
- Any required proof relating to a claim is at the expense of the representative submitting the claim.
- Retain a copy of the claim package for your records.

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.

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Bank's Statement

Instructions

1. Sections 1, 2 and 3 to be completed by the Bank of Montreal Branch
2. Attach a copy of all Mortgage Insurance Application(s) pertaining to this claim
3. Give the entire claim package to the estate representative to complete
4. Advise the estate representative to return the claim package in a sealed envelope (except for the Bank's Statement) to the Branch
5. Send the completed claim package in a sealed envelope along with the Bank Statement to the Mortgage Service Centre (MSC) for completion of Section 4 & 5

1 Insured's information			
First name	Last name	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	Language <input type="checkbox"/> English <input type="checkbox"/> French
Date of birth (dd-mm-yyyy) _ - _	Date of death (dd-mm-yyyy) _ - _	Telephone number _ - _	
Address (street number and name)			Apartment or suite
City		Province	Postal code

2 Mortgage information	
Mortgage number	Effective date of insurance (dd-mm-yyyy) _ - _
Is this mortgage	<input type="checkbox"/> New <input type="checkbox"/> Refinanced – If refinanced, was it previously insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pre-approved mortgage – If "Yes", what is the closing date (dd-mm-yyyy) _ - _
Authorized amount \$ _____	Were premiums paid up to date at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", state due date of last premiums paid (dd-mm-yyyy) _ - _
Balance at date of death \$ _____	Percent of balance covered Coverage status <input type="checkbox"/> 50 % <input type="checkbox"/> 100% <input type="checkbox"/> Other <input type="checkbox"/> Active <input type="checkbox"/> Ineligible <input type="checkbox"/> Approved <input type="checkbox"/> Waived <input type="checkbox"/> Pending

3 Lender information		
First name	Last name	
Telephone number _ - _	Transit number	Current date (dd-mm-yyyy) _ - _

I am an authorized representative of the bank and hereby certify that the above information is true and correct.

Signature of lender X	Title
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4 Mortgage information – to be completed by the Bank of Montreal Mortgage Service Centre

Principal outstanding	\$
Unpaid Interest	\$
Principal and unpaid interest owing	\$
Amount of debit of tax account	\$
Accrued debit interest on tax account	\$
Amount owing as of date of death	\$
Bonus payable	\$
Discharge fee	\$
Total amount owing as at date of death	\$
Per diem interest	\$

5 Bank of Montreal Mortgage Service Centre Representative

I am an authorized representative of the Bank of Montreal Mortgage Service Centre and hereby certify that the above information is true and correct.

Date (dd-mm-yyyy) _ _ - _ -	Authorized representative X	Title	
Address (street number and name)		Telephone number _ -	
City	Province	Postal code	

Mortgage Life Insurance Claim Creditor Insurance – Policy no. 51007



Statement of Authorized Representative

Date the deceased first complained or gave other indication of his/her last illness (dd-mm-yyyy)	Date the deceased first consulted a physician for his/her last illness (dd-mm-yyyy)
Immediate cause of death	

If death occurred as a result of an accident, please provide details:

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Please provide the name and address of deceased's family physician:

Last name of family physician	First name	
Address (street name and number)		Apartment or suite
City	Province	Postal code

Please provide the names and addresses of all physicians and all hospitals where the deceased received treatment during the five years prior to death:

First name	Last name	Address
Disease or condition		Dates
First name	Last name	Address
Disease or condition		Dates
First name	Last name	Address
Disease or condition		Dates

I certify that the information is true and correct. I authorize Sun Life Assurance Company of Canada, the plan administrator(s), and their agents and service providers to collect, use and disclose information needed for underwriting, administration and adjudicating claims under this insurance policy relating to _____ (the life insured) with any person or organization who has relevant information pertaining to this claim including health professionals, government agencies, provincial health care plans, institutions, investigative agencies, insurers and reinsurers. I understand that information pertaining to this claim may be reviewed in the event that this plan is audited.

I agree that a photocopy of this authorization or electronic version is as valid as the original and shall remain in effect for the continued administration of this policy.

Name of deceased's authorized representative	Relationship to deceased (e.g., next of kin, executor/executrix, etc.)	
Address (street name and number)		Apartment or suite
City	Province	Postal code
Signature of authorized representative X		Date (dd-mm-yyyy)

Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

Mortgage Life Insurance Claim Creditor Insurance – Policy no. 51007



Physician's Statement

This section must be completed in all cases where death occurred less than 2 years after the date of commencement of this insurance.

Deceased's last name		First name	
Date illness began (dd-mm-yyyy)	Date of death (dd-mm-yyyy)	Place of death	
Immediate cause of death			
Contributory cause of death			

Was death due to Natural causes? Suicide? Accident? Homicide?

If death occurred as a result of an accident, please provide details:

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Have you treated or advised the deceased during the last 3 years? Yes No If yes, please provide following:

Disease or condition	Dates
Disease or condition	Dates
Disease or condition	Dates

Attach extra sheets, if necessary.

Did the deceased, to your knowledge, receive treatment during the last 3 years from any other physician, health practitioner, or in any hospital or institution? Yes No If yes, please provide following:

First name	Last name	Address
Disease or condition		Dates
First name	Last name	Address
Disease or condition		Dates
First name	Last name	Address
Disease or condition		Dates

I certify that the information is true and correct.

Name of physician		
State qualifications		
Address (street name and number)		Apartment or suite
City	Province	Postal code
Signature of physician X		Date (dd-mm-yyyy) - -