

**Personal Data**

**Province:** Ontario  
**Annuitant:** Client1  
**Sex:** Male  
**Date of Birth:** 01 Jan 1948  
**Age at purchase:** 65

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**Single Premium Details**

**Amount:** \$100,000.00  
**Purchase Date:** 01 Feb 2013  
**Source of Funds:** Non-Registered

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**Annuity Details**

**Annuity Type:** Single Life  
**Income Amount:** \$431.75  
**Income Frequency:** Monthly  
**Guaranteed Period:** 25 years 0 months  
**First Payment Date:** 01 Mar 2013  
**Tax Status:** Prescribed  
**Annual Taxable Portion:** See Tax Schedule

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**Notes**

- (1) The rate basis for this quote is guaranteed if a faxed copy of the application with a Request for Rate Guarantee and this quote are received in Head Office no later than midnight of the day following the day this quote was produced, and the Single Premium Amount is received by BMO Insurance within 7 days of today's date. Otherwise, rates are subject to change on a daily basis.
- (2) The Purchase Date is the date the Single Premium Amount is received by BMO Insurance. In order to obtain the Annuity Income Amount quoted, the Single Premium Amount must be received at our Head Office on or by the Purchase Date quoted.
- (3) Any changes (i.e. the date all funds are received at our Head Office (Purchase Date), Single Premium Amount and/or First Payment Date, etc.) to this quote will result in a change in the Annuity Income Amount.
- (4) All payments made to or by BMO Insurance must be made in Canada in Canadian currency.
- (5) Please sign the Advisor's Report on the application. By law, the annuity cannot be issued without this signature.

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Insurer: BMO Life Assurance Company

Prepared by:

Single Premium Immediate Annuity Version SPIA V4.0/10-11/1

Phone:

January 28, 2013

Rate basis: January 28, 2013

Time 13:58:51

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Page 1 of 3

**Tax Schedule**

**Annuitant:**

Client1, Male, 01 Jan 1948, age at purchase 65

Year	Monthly Income*	Total Annual Income	Cumulative Payout	Annual Taxable Portion of Income
2013	\$432	\$4,318	\$4,318	\$1,087
2014	\$432	\$5,181	\$9,499	\$1,304
2015	\$432	\$5,181	\$14,680	\$1,304
2016	\$432	\$5,181	\$19,861	\$1,304
2017	\$432	\$5,181	\$25,042	\$1,304
2018	\$432	\$5,181	\$30,223	\$1,304
2019	\$432	\$5,181	\$35,404	\$1,304
2020	\$432	\$5,181	\$40,585	\$1,304
2021	\$432	\$5,181	\$45,766	\$1,304
2022	\$432	\$5,181	\$50,947	\$1,304
2023	\$432	\$5,181	\$56,128	\$1,304
2024	\$432	\$5,181	\$61,309	\$1,304
2025	\$432	\$5,181	\$66,490	\$1,304
2026	\$432	\$5,181	\$71,671	\$1,304
2027	\$432	\$5,181	\$76,852	\$1,304
2028	\$432	\$5,181	\$82,033	\$1,304
2029	\$432	\$5,181	\$87,214	\$1,304
2030	\$432	\$5,181	\$92,395	\$1,304
2031	\$432	\$5,181	\$97,576	\$1,304
2032	\$432	\$5,181	\$102,757	\$1,304
2033	\$432	\$5,181	\$107,938	\$1,304
2034	\$432	\$5,181	\$113,119	\$1,304
2035	\$432	\$5,181	\$118,300	\$1,304
2036	\$432	\$5,181	\$123,481	\$1,304
2037	\$432	\$5,181	\$128,662	\$1,304
2038	\$432	\$5,181	\$133,843	\$1,304
2039	\$432	\$5,181	\$139,024	\$1,304
2040	\$432	\$5,181	\$144,205	\$1,304
2041	\$432	\$5,181	\$149,386	\$1,304
2042	\$432	\$5,181	\$154,567	\$1,304

\* The Monthly Income is the payout amount recorded on the payment anniversary which may include indexing if selected.

The Taxable Portion of Income is an estimation only and it is based on the Income Tax Act (Canada) and regulations in effect at the time of this quotation. Any changes to the Income Tax Act (Canada) and regulations in the future may impact the Taxable Portion of Income.

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Page 2 of 3

Year	Monthly Income*	Total Annual Income	Cumulative Payout	Annual Taxable Portion of Income
2043	\$432	\$5,181	\$159,748	\$1,304
2044	\$432	\$5,181	\$164,929	\$1,304
2045	\$432	\$5,181	\$170,110	\$1,304
2046	\$432	\$5,181	\$175,291	\$1,304
2047	\$432	\$5,181	\$180,472	\$1,304
2048	\$432	\$5,181	\$185,653	\$1,304
2049	\$432	\$5,181	\$190,834	\$1,304
2050	\$432	\$5,181	\$196,015	\$1,304
2051	\$432	\$5,181	\$201,196	\$1,304
2052	\$432	\$5,181	\$206,377	\$1,304
2053	\$432	\$5,181	\$211,558	\$1,304

\* The Monthly Income is the payout amount recorded on the payment anniversary which may include indexing if selected.

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Page 3 of 3

## VERIFICATION OF IDENTITY AND THIRD PARTY DETERMINATION FORM

Applicant Name: \_\_\_\_\_ Policy/Account No. (if available): \_\_\_\_\_

*The Proceeds of Crime (Money Laundering) and Terrorist Financing Act* requires a client's identity to be verified by referring to certain documents. The law also requires that reasonable measures be taken to determine whether the client is acting on behalf of a third party, and if so, that certain information be recorded. Please enter the information below.

**1. Identity Verification** - Provide the information below on the individual(s) submitting an application and/or making a payment on his/her/their own behalf or on behalf of an entity (e.g. corporation, partnership or trust).

Name	Type of Document	Document Number	Place of Issue	Expiration Date
Individual 1				
Individual 2				
Individual 3				

Acceptable documents are: original valid passport, driver's licence, birth certificate, Certificate of Canadian Citizenship, Canadian Armed Forces Identity card. A government issued document bearing the individual's photograph, signature and address is the preferred document.

**2. a) Corporation** - In addition to the information contained in Section "1", please provide the corporate information below if the owner is a corporation.

Official Corporate Name	Place of Federal or Provincial Incorporation	Corporation/Registration Number (if available)

Please provide Articles of Incorporation or similar document

**b) Non-corporate Entity** - In addition to the information contained in Section "1", please provide the information below if the owner is an unincorporated entity (e.g. partnership, trust or unincorporated association). For a non-corporate entity, the advisor must verify the entity's existence by referring to a partnership agreement, trust agreement, articles of association or similar record that ascertains its existence. The record may be in paper form or in an electronic version that is accessible to the public.

Official Name	
Type of Entity	
Description of Document/Record Reviewed	
Form of Document/Record Reviewed	<input type="checkbox"/> Paper (if paper, provide photocopy) <input type="checkbox"/> Electronic
If electronic, complete the following:	
Registration No.	Source of Record (e.g. insert website and URL)

**3. Third party Determination - this section must be completed.** Every reasonable effort must be made by you to determine if the client is acting on behalf of a third party. For the purpose of this question, a "third party" is a person (i.e. an individual or entity) other than the individual who conducts the transaction, the latter being "the client." (For example, an attorney/mandatory acting under a power of attorney/mandate, or a trustee acting under a bare trust, are each acting on behalf of a third party. In the first case, the attorney or mandatory is the "client" and the grantor of the power of attorney or mandate is the third party. In the second case, the trustee is the "client" and each beneficiary is a third party.)

**When asked whether the client(s) is/are acting on behalf of or at the instruction of a third party, the client(s) answered:**  Yes  No

**When asked if someone other than the owner will be contributing funds to the policy, or now has or will in the future have use of the policy or access to its values, the client(s) answered:**  Yes  No

**If yes to either of these questions, collect the following information on the third party.**

Name of Third Party	Date of birth for the third party (dd/mm/yyyy)
Relationship of Third Party to Client	
Address of Third Party	
Principal Business and Occupation of Third Party	
If an entity, type of entity (e.g. corporation) and corporation or other	
If an entity, place of issue of corporation or registration number	

Unable to determine, however I have reasonable grounds to suspect there is a third party.

Please give reason: \_\_\_\_\_

**4. Advisor Verification/Information** - I hereby certify that I have (a) verified the identity of the individual(s) who submitted the application by referring to the original valid documents referred to above and that the information recorded was correctly copied from such document, (b) verified non-corporate existence as indicated in Section 2(b), and (c) used reasonable efforts to determine if the client(s) is/are acting on behalf of a third party.

Name of Advisor (please print)		
Signature of Advisor		Date (dd/mm/yyyy)

MGA Code \_\_\_\_\_ Advisor Code \_\_\_\_\_

**Note: Please submit this form with your application.**

## Politically Exposed Foreign Persons Questionnaire

This form must be completed whenever a lump sum premium payment of \$100,000.00 or more is made in respect of a universal life insurance policy or a non-registered annuity.

Insured's Name: \_\_\_\_\_ Application No: \_\_\_\_\_

In this form,

(a) ***“politically exposed foreign person”*** means an individual who now holds, or has at any time in the past held, one or more of the following offices or positions in or on behalf of a foreign state:

- a head of state or government,
- a member of the executive council of government or member of a legislature,
- a deputy minister or equivalent,
- an ambassador or an ambassador's attaché or counsellor,
- a military officer with a rank of general or above,
- a president of a state-owned company or bank,
- a head of a government agency,
- a judge, or
- a leader or president of a political party in a legislature,

***and includes the following family members of such an individual:***

- the spouse or common-law partner of such individual,
- a child of such individual,
- the mother or father of such individual,
- the mother or father of such individual's spouse or common-law partner, and
- a brother, sister, half-brother or half-sister of such individual,

(b) ***“foreign state”*** means a province, state or other political subdivision of a state other than Canada, or any dependency, possession, protectorate, or any territory falling under a jurisdiction of a state other than Canada (e.g., the United States of America, the State of New York, and the U.S. Virgin Islands, are each foreign states), and

(c) ***“designated individual”*** means each of the following individuals:

- the policy owner(s) if the policy owner(s) are individuals,
- the individual(s) who signed the application, if the policy owner is a corporation, partnership, trust or other entity (e.g., an officer or director in the case of a corporation or a trustee in the case of a trust),
- the individual who signed the application, if the policy owner is a sole proprietorship or unincorporated association,
- the individual(s) who signed the application, if an attorney/mandatory acting under a power of attorney/mandate signed the application, or
- the individual actually paying the premium (payor).

Insured's Name: \_\_\_\_\_ Application No: \_\_\_\_\_

In respect of this application or policy, is any designated individual now, or has any designated individual ever been, a politically exposed foreign person?  Yes  No

**If the answer to the above question is "Yes", then please complete the following for each politically exposed foreign person.**

**If the answer to the above question is "No", then please simply complete the Signatures.**

First Name			Middle			Last Name		
Relationship to Policy <input type="checkbox"/> Owner <input type="checkbox"/> Payor <input type="checkbox"/> Other (please specify) _____								
Date of Birth (dd/mm/yyyy) / /			Place of Birth (Prov. or State/country)			Residence of Canada for Canadian income tax purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address (Street and number, Apt.)								No. of Years
City			Province		Postal Code		Residence Tel.	
The office(s) or position(s) in respect of which the individual is determined to be a <i>politically exposed foreign person</i> :								
Office/Position			Jurisdiction			When held (dd/mm/yyyy to dd/mm/yyyy)		
Office/Position			Jurisdiction			When held (dd/mm/yyyy to dd/mm/yyyy)		
Source of Funds used to Pay Premium								

I/We, the undersigned, confirm that the statements and answers in this document are complete and true and correctly recorded, and agree that this document forms part of the above-noted application.

**Signatures**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Owner	X	(If company-owned, 2 signatures and titles, or 1 signature and the corporate seal)
Owner	X	
Payor	X	
Advisor	X	
Witness	X	

**If there is more than one *politically exposed foreign person* associated with this application or policy, then please complete a Questionnaire for each.**

## DECLARATION OF SOURCE OF FUNDS

Date (dd/mm/yyyy) \_\_\_\_\_

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

Amount:	Currency:	
Name of Individual: (First, Middle Initial, Last Name)		
Address: (Number, Street, Apt., RR, City, Province)		
Postal Code:	Telephone No.:	
Occupation:		
Driver's License # and Expiry Date:		
Passport # and Expiry Date:		
Name of Corporation:		
Address of Corporation: (Number, Street, Apt., RR, City, Province)		
Postal Code:	Telephone No.:	
Place and Registration #:		

I declare that the source of this payment is one of the following:

For 'Other', please be specific.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Employment Income        | <input type="checkbox"/> Gift                      | <input type="checkbox"/> Grants/Scholarships       |
| <input type="checkbox"/> Insurance Claim Payments | <input type="checkbox"/> Investment Income Savings | <input type="checkbox"/> Retirement/Pension Income |
| <input type="checkbox"/> Sale of Assets           | <input type="checkbox"/> Trust/Inheritance         | <input type="checkbox"/> Lottery Winnings          |
| <input type="checkbox"/> Other _____              |  |  |

Policy requires that we verify the source of funds before accepting transactions. Consent is given to the Insurance Company to disclose this information to law enforcement authorities.

\_\_\_\_\_  
 Advisor Signature

\_\_\_\_\_  
 Customer Signature