

**Personal Data**

**Province:** Ontario  
**Annuitant:** Prime Annuitant  
**Sex:** Male  
**Date of Birth:** 16 Oct 1947  
**Age at purchase:** 67

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**Single Premium Details**

**Amount:** \$100,000.00  
**Purchase Date:** 15 Apr 2015  
**Source of Funds:** Non-Registered

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**Annuity Details**

**Annuity Type:** Single Life  
**Income Amount:** \$539.88  
**Income Frequency:** Monthly  
**Guaranteed Period:** 10 years 0 months  
**First Payment Date:** 15 May 2015  
**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:

Phone:

Rate basis: April 6, 2015

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Single Premium Immediate Annuity Version SPIA V6.0/14-06/1

April 6, 2015

Time 10:23:51

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**Tax Schedule**

**Annuitant:** Prime Annuitant, Male, 16 Oct 1947, age at purchase 67

Year	Monthly Income*	Total Annual Income	Cumulative Payout	Annual Taxable Portion of Income
2015	\$540	\$4,319	\$4,319	\$260
2016	\$540	\$6,479	\$10,798	\$390
2017	\$540	\$6,479	\$17,276	\$390
2018	\$540	\$6,479	\$23,755	\$390
2019	\$540	\$6,479	\$30,233	\$390
2020	\$540	\$6,479	\$36,712	\$390
2021	\$540	\$6,479	\$43,190	\$390
2022	\$540	\$6,479	\$49,669	\$390
2023	\$540	\$6,479	\$56,148	\$390
2024	\$540	\$6,479	\$62,626	\$390
2025	\$540	\$6,479	\$69,105	\$390
2026	\$540	\$6,479	\$75,583	\$390
2027	\$540	\$6,479	\$82,062	\$390
2028	\$540	\$6,479	\$88,540	\$390
2029	\$540	\$6,479	\$95,019	\$390
2030	\$540	\$6,479	\$101,497	\$390
2031	\$540	\$6,479	\$107,976	\$390
2032	\$540	\$6,479	\$114,455	\$390
2033	\$540	\$6,479	\$120,933	\$390
2034	\$540	\$6,479	\$127,412	\$390
2035	\$540	\$6,479	\$133,890	\$390
2036	\$540	\$6,479	\$140,369	\$390
2037	\$540	\$6,479	\$146,847	\$390
2038	\$540	\$6,479	\$153,326	\$390
2039	\$540	\$6,479	\$159,804	\$390
2040	\$540	\$6,479	\$166,283	\$390
2041	\$540	\$6,479	\$172,762	\$390
2042	\$540	\$6,479	\$179,240	\$390
2043	\$540	\$6,479	\$185,719	\$390
2044	\$540	\$6,479	\$192,197	\$390
2045	\$540	\$6,479	\$198,676	\$390

\* 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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April 6, 2015

Time 10:23:51

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Year	Monthly Income*	Total Annual Income	Cumulative Payout	Annual Taxable Portion of Income
2046	\$540	\$6,479	\$205,154	\$390
2047	\$540	\$6,479	\$211,633	\$390
2048	\$540	\$6,479	\$218,112	\$390
2049	\$540	\$6,479	\$224,590	\$390
2050	\$540	\$6,479	\$231,069	\$390
2051	\$540	\$6,479	\$237,547	\$390
2052	\$540	\$6,479	\$244,026	\$390
2053	\$540	\$6,479	\$250,504	\$390

\* 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.

Insurer: BMO Life Assurance Company

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Single Premium Immediate Annuity Version SPIA V6.0/14-06/1

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## POLICY OWNER IDENTIFICATION - PROCEEDS OF CRIME (MONEY LAUNDERING) & TERRORIST FINANCING

The objective of the Canadian legislation called the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (the Act) is to help detect and deter money laundering and the financing of terrorist activities. This includes implementation of client identification, record keeping, reporting and compliance regime requirements for life insurance companies, life insurance advisors and independent life insurance agents.

Application No. / Policy No. :

### **INSTRUCTIONS FOR COMPLETION**

**This form is to be completed at time of: A) submitting a new application for insurance or Single Premium Immediate Annuities (Non-Registered); B) Guaranteed Investment Funds (Non-Registered) if it is non-individually owned or if there is a third party involved; or C) making a request for change to an existing insurance policy.**

#### **A) New Application for Insurance or SPIA (Non-Registered Funds)**

- Advisor must complete and sign this form when the application of insurance is for Universal Life or Single Premium Immediate Annuities.
- **SECTION 1, SECTION 2 and SECTION 4** must be completed for Individuals (e.g. Policy Owner, Third Party Payor).
- All Sections must be completed for non individuals (eg. Corporations, Partnerships, Trusts or Charities).
- The completed form must be submitted with the application, otherwise, the underwriting and policy issuance process may be delayed.

#### **B) New Application for Guaranteed Investment Funds (GIF)**

- **SECTION 1, SECTION 3, SECTION 4 and SECTION 5** must be completed if the application is from a non-individual Policy Owner (e.g. Corporation, Partnerships, Trusts or Charities).
- **SECTION 2 and SECTION 4** must be completed if a third party is involved (e.g. a third party pays for the Contract or will have access to the value of the Contract).
- The completed form, signed by the advisor, must be submitted with the application, otherwise, the policy issuance process may be delayed.

#### **C) Request for Change to an Existing Policy**

- Advisor must complete and sign this form when making a request for changes to an existing policy, including:
  - o Ownership changes, on a Universal Life policy and Single Premium Immediate Annuities policy (Non-Registered). For Guaranteed Investment Funds (Non-Registered), only if the new owner is a non-individual or if there is a third party involved.
  - o Third Party Banking changes, Third Party Deposits on a Universal Life policy or on Single Premium Immediate Annuities.
  - o Term conversion to a Universal Life policy; and
  - o Request for additional coverage to a Universal Life policy.
- **SECTION 1, SECTION 2 and SECTION 4** must be completed for Individuals (e.g. Policy Owner, Third Party Payor).
- All Sections must be completed for non individuals (eg. Corporations, Partnerships, Trusts or Charities).
- The completed form must be submitted with the policy change otherwise, the policy issuance process may be delayed.

**SECTION 1 – VERIFICATION OF IDENTITY (Mandatory)**

**1.1 Individual(s), Sole Proprietors, Partners of a Partnership, Trustee of a trust and Signing Officer of a Corporation or Not for Profit Entity/Charity.**

Acceptable documents for Identification: original valid passport, driver’s licence, birth certificate, Certificate of Canadian Citizenship, Canadian Armed Forces Identity card, certificate of Indian status or a provincial or territorial identification card. The document must have been issued by a provincial, territorial or federal government and must be valid and cannot have expired.

First Name		Last Name		Date of Birth (dd/mmm/yyyy) dd/mmm/yyyy	
Type of Identification	Identification Number		Province of Issue	Country of Issue	
Detailed Occupation/Principal Business	Residential Address		City	Province	Postal Code
First Name		Last Name		Date of Birth (dd/mmm/yyyy) dd/mmm/yyyy	
Type of Identification	Identification Number		Province of Issue	Country of Issue	
Detailed Occupation/Principal Business	Residential Address		City	Province	Postal Code
First Name		Last Name		Date of Birth (dd/mmm/yyyy) dd/mmm/yyyy	
Type of Identification	Identification Number		Province of Issue	Country of Issue	
Detailed Occupation/Principal Business	Residential Address		City	Province	Postal Code

**1.2 Corporation (Section 1.1 must also be completed for signing officers) Please attach Articles of Incorporation.**

Corporate Name		Detailed Principal Business			
Corporate Registration Number	Date of Incorporation (dd/mmm/yyyy) dd/mmm/yyyy	Country of Incorporation		Province of Incorporation	
<b>Directors</b>					
First Name		Last Name		Detailed Occupation	
First Name		Last Name		Detailed Occupation	
First Name		Last Name		Detailed Occupation	

**1.3 Partnership/Association (Section 1.1 must also be completed for each Partner) Please attach Partnership Agreement.**

Name		Detailed Principal Business			
Registration Number		Country of Issue		Type of Record	

**1.4 Not for Profit / Charity (Section 1.1 must also be completed for signing officers) Please attach Articles of Incorporation.**

Name		Detailed Principal Business			
Solicit Financial Donations from the Public <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this company/organization a registered charity? <input type="checkbox"/> Yes <input type="checkbox"/> No		Canada Revenue Registration Number	

**1.5 Beneficial Owners/Controlling Partners/Not for Profit Directors**

For persons who own or control directly or indirectly 25% or more of the company or organization that will own this policy.

**\*Also complete Section 5, Beneficial Ownership Attestation.\***

First Name		Last Name		Percentage of ownership or control	
Detailed Occupation		Residential Address		City	Province   Postal Code
First Name		Last Name		Percentage of ownership or control	
Detailed Occupation		Residential Address		City	Province   Postal Code
First Name		Last Name		Percentage of ownership or control	
Detailed Occupation		Residential Address		City	Province   Postal Code
First Name		Last Name		Percentage of ownership or control	
Detailed Occupation		Residential Address		City	Province   Postal Code

**1.6 Trust (Section 1.1 must also be completed for the Trustee) Please attach Formal Trust Agreement.**

**Trust Information**

Name of Trust	Address	Registration Number
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**Trust Officer**

Name(First and Last Name)	Residence Address
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**Settlor**

Name(First and Last Name)	Residence Address
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**Beneficiary of Trust**

Name(First and Last Name)	Residence Address	Date of Birth (dd/mmm/yyyy) dd/mmm/yyyy	Occupation
Name(First and Last Name)	Residence Address	Date of Birth (dd/mmm/yyyy) dd/mmm/yyyy	Occupation

**SECTION 2 – THIRD PARTY DETERMINATION (Mandatory)**

For the purpose of this section, a “Third Party” is a person (Individual or company or organization) other than the Policy Owner of this contract that pays for the contract, have use of, or access to, the contract value. Example of a Third Party: Payor, Executor, Power of Attorney.

2.1	When asked whether the policy owner(s) is/are acting on behalf of or at the instruction of a Third Party, the policy owner(s) answered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2.2	When asked if someone other than the policy 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 policy owner(s) answered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2.3	If Yes to either of the above questions (2.1 and 2.2), please complete this section. Is the Third Party an <input type="checkbox"/> individual OR <input type="checkbox"/> company or organization?		
	Name of Third Party (individual, company or organization)	If individual, date of birth (dd/mmm/yyyy) dd/mmm/yyyy	Relationship of Third Party to the Owner of this policy
	Type of Identification	Identification Number	Province of Issue   Country of Issue
	Address of Third Party		
	Principal Business and Occupation of Third Party		
	If the Third Party is a company or organization, is it incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the incorporation number		
2.4	<input type="checkbox"/> Unable to determine Third Party Ownership, however I have reasonable grounds to suspect there is a Third Party.		

## SECTION 3 – BUSINESS ACTIVITY

### Mandatory for the applicants that are Corporations, Not for Profit Entity, Trusts and other Non Corporate Entities

If the answer to any of these questions in #4 and/or#5 is “Yes”, then ensure that the Supplementary Business Activity Questionnaire 575E is completed, printed, discussed and sent to Head Office.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are there any existing policies with BMO Life Assurance Company (BMO Insurance)?<br>If ‘Yes’, please provide policy numbers: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a completed copy of a current Business Activity Questionnaire on file and has it been reviewed?<br>If ‘Yes’ complete question #3. If ‘No’ complete questions #4 and #5  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the nature of the business activity changed since the last Business Activity Questionnaire was filed?<br>If ‘Yes’ complete questions #4 and #5   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the Entity have or intend to have any business operations outside of Canada?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the Entity conduct any of the following activities?   |                          |                          |
| a. Operate a Money Services Business?<br>A Money Services Business is a business engaged in any of the following types of activities: Foreign Exchange, Fund Remittances, Issuing or Redeeming Drafts, Money Orders or Travellers Cheques.  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Operate a Cheque Cashing/Payday Lending business?<br>Cheque Cashing/Payday Lending is a business where at least 50% or more of the business activities consist of either providing unsecured loans to individuals and/or entities on a short term basis (30 days or less) to meet their immediate cash needs or a business that cashes cheques payable to named individuals or entities.   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Operate, lease or maintain more than one White Label Banking Machine?<br>White Label Banking Machines are ATMs that are not associated with any major financial institution, such as those found in many bars/restaurants and convenience stores.  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Buy or Sell precious metals, gems, or fine jewellery (domestically or internationally), including purchases for inventory purposes, where any single purchase equals or exceeds C\$10,000?<br>Precious metals include gold, silver, platinum or palladium. Precious gems include diamonds, sapphires, emeralds, tanzanite, rubies or alexandrite. Fine jewellery means objects made of precious metals, precious stones or pearls. Note: This does not include large multi-department retail stores offering a wide range of consumer personal and residential products.   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Operate a Casino or Bingo business?<br>A Casino is a business that is authorized to conduct roulette or card games in its establishment or where there is a slot machine on the premises. It does not include Video Lottery Terminals (VLT) or stores/kiosks that sell Provincial/Federal lottery tickets or registered charities that conduct fund raising activities in a casino for a period of two consecutive days or less under the supervision of the casino.   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sell Used Cars, Boats or Airplanes?<br>A Used Car, Boat or Airplane business is a business whose primary business operation is comprised of selling used cars, boats or airplanes. This does not include businesses that sell used vehicles as a secondary business activity, for example, where used cars are sold in addition to the primary business of selling new vehicles on behalf of a major automobile manufacturer.  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Operate as an Arms Manufacturer, Dealer or Intermediary?<br>An Arms Manufacturer, Dealer or Intermediary is any business whose primary activity is to manufacture, buy, sell or act as an intermediary for dealing in Arms. While Arms primarily means firearms, including rifles, shotguns, handguns or anything that can be adapted to be used as a firearm, it also includes other military related weaponry including explosives, missiles, or missile related systems.  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Create or trade in Digital Currencies (based on precious metals or other valued commodities)?<br>Any business that is engaged in converting physical gold, other precious metals or any other commodity or asset into an electronic or virtual medium of exchange (i.e. Units of digital currency) for public use, OR any business that is a digital currency exchange service provider that facilitates buying and selling units of such digital currency to use as an electronic or virtual medium of exchange. This does not include digital stored value solutions such as digital wallets or prepaid cards that are based on a national currency. | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Operate a Telemarketing/Direct Marketing Company or a Company that primarily sells through a Telemarketing/Direct Marketing Company?<br>Any company whose primary business involves selling products or services through any non-face-to face method (e.g. telephone, email), and that will be processing the payments through their account. It does not include businesses who only conduct marketing, promotional or advertising activity where there is no direct selling or processing of payments taking place.  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Operate as a Pawnbroker?<br>Any business that is engaged in lending money to an individual for an agreed period of time and holds some of the borrower’s personal goods as collateral to be sold to the public in the event of a default. It also includes any business that purchases articles from an individual and gives the same individual the option to buy back the article within a specified period of time. If not bought back within the agreed period of time, the article will be sold to the public.  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Operate as a Non Registered Charity/Charitable Organization, or other Not-for-profit Organization?<br>Any private body that operates either as a Charitable or Not-for-profit Organization that is not registered under the Canada Revenue Agency (CRA) but solicits or accepts donations. Does not include community/school sports or activity clubs, nationally recognized service clubs, trade union/associations, or professional associations, who fundraise, solicit or accept donations to support their own local activities.  | <input type="checkbox"/> | <input type="checkbox"/> |

- l. Operate an account for a Foreign Government? Country \_\_\_\_\_    
 An account opened for or on behalf of a Foreign Government. This includes any departments, divisions, agencies, embassies, consulates and diplomatic missions representing Foreign Governments.
- m. Operate an account for any of the following formed outside of Canada or the USA – Trust, Private Investment Company, or Personal Holding Company? Country \_\_\_\_\_    
 A Trust, Private Investment Company (PIC) or Personal Holding Company formed outside of Canada or the USA is any legal arrangement or entity created for holding personal assets, formed in certain jurisdictions outside of Canada or the USA.

**SECTION 4 – ADVISOR CERTIFICATION (Mandatory)**

I hereby certify that I have:

- (a) Verified the identity of the policy owner(s) by referring to the original valid documents referred to in SECTION 1 and that the information recorded was correctly copied from such document.  
 (b) Used reasonable efforts to determine if the policy owner(s) is/are acting on behalf of a third party.

Advisor's Name (please print)		Advisor's Code No.
Advisor's Signature		Date (dd/mmm/yyyy) dd/mmm/yyyy
MGA Name		MGA Code

**SECTION 5 – BENEFICIAL OWNERSHIP ATTESTATION**

- **Mandatory for all Non-Individuals e.g. Corporations, Partnerships or Charities**
- **To be signed by Authorized Signatories**
- **Confirmation of the entity's organization structure (attach organization chart if available)**

Information for Beneficial Owners whose ownership in the entity is **25% or more** must be recorded. The name, address and occupation/nature of business of all individuals/business that directly or indirectly control **25% or more** of the entity is required.

Business Name	Nature of Business	% Ownership of the Entity	
Address	City	Province	Postal Code
Business Name	Nature of Business	% Ownership of the Entity	
Address	City	Province	Postal Code
Business Name	Nature of Business	% Ownership of the Entity	
Address	City	Province	Postal Code
Business Name	Nature of Business	% Ownership of the Entity	
Address	City	Province	Postal Code

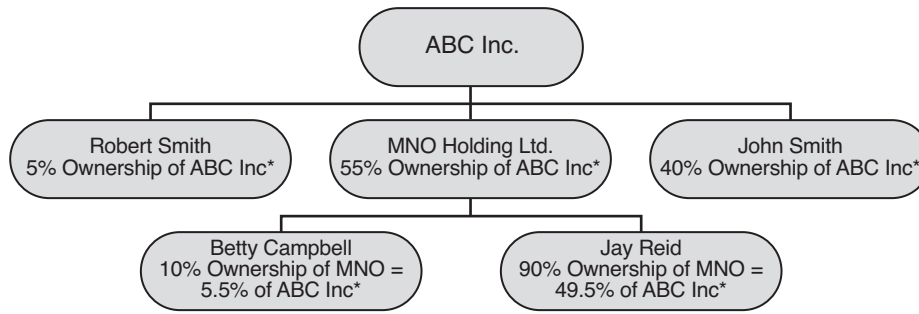
**Acknowledgement:** (Must be signed by an Authorized Signatory(ies) or Signing Officer as stipulated in the Certificate and Agreement/Authorization. The Entity hereby certifies that the information provided is true and complete and that we may rely on such information until we receive a written notice of change from the Entity.

Entity Name:	Date (dd/mmm/yyyy) dd/mmm/yyyy
Authorized Signatory/Signing Officer Name and Title:	Signature X
Authorized Signatory/Signing Officer Name and Title:	Signature X



### Example of Direct and Indirect Ownership – ABC Inc.

John Smith and Jay Reid are considered Beneficial Owners, while MNO Holding Ltd is the intermediary. Jay Reid is considered to be an indirect owner.



\*Indicated owner role required to be set up

- 55% direct owner MNO Holding Ltd
- 40% direct owner John Smith
- 49.5% indirect owner Jay Reid

## 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, a Non-Registered Annuity or a Guaranteed Investment Fund.

Policy Owner(s) Name: \_\_\_\_\_ Application No./Policy 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).

Policy Owner(s) Name: \_\_\_\_\_ Application No./Policy 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/mmm/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/mmm/yyyy to dd/mmm/yyyy)		
Office/Position			Jurisdiction			When held (dd/mmm/yyyy to dd/mmm/yyyy)		
<b>Source of Funds (select all that apply)</b>								
<input type="checkbox"/> Self-employment income		<input type="checkbox"/> Employment income		<input type="checkbox"/> Retirement Income/Pension Income		<input type="checkbox"/> Grants/Scholarships		
<input type="checkbox"/> Insurance Claim Payments		<input type="checkbox"/> Corporate		<input type="checkbox"/> Investment Income/Savings		<input type="checkbox"/> Sale of Assets		
<input type="checkbox"/> Trust/Inheritance		<input type="checkbox"/> Gift		<input type="checkbox"/> Loan		<input type="checkbox"/> Lottery Winnings		
<input type="checkbox"/> Proceeds from a legal case or action				<input type="checkbox"/> Other		<input style="width: 100%;" type="text"/>		

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

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

## INDIVIDUAL STATUS SELF CERTIFICATION

Information collected on this form will be used to comply with the Canadian Tax Regulatory requirements as mandated by the Canadian Revenue Agency (CRA). For more information relating to this certification, please consult your financial or tax advisor.

**Policy No. (if applicable)**

### INSTRUCTIONS FOR COMPLETION

This form is to be completed for:

- A) Universal Life Policies, Traditional Whole Life Policies, Single Premium Immediate Annuity (Non-Registered) Policies or Guaranteed Investment Fund (Non-Registered) Policies.
- B) Request for Change to an Existing Policy for Universal Life, Traditional Whole Life, Single Premium Immediate Annuity (Non-Registered) and Guaranteed Investment Fund (Non-Registered)
  - Form must be completed and signed when making a request for change to an existing policy, including:
    - o Ownership changes,
    - o Address changes to the U.S.
    - o Term conversion to a Universal Life policy, or a Traditional Whole Life Policy.
- C) Death Claim on a Universal Life, Traditional Whole Life, Single Premium Immediate Annuity (Non-Registered) and Guaranteed Investment Fund (Non-Registered)

**Completion by:**     Individual Policy Owner     Individual Claimant (Beneficiary)

### Section A – Policy Information

Name of Policy Owner/Claimant (Beneficiary)

### Section B – Individual Policy Owner/Claimant (Beneficiary) Information

Are you a resident or a Citizen of the United States?

- Yes – TIN (Tax Identification Number) \_\_\_\_\_
- No

### Section C – Signatures

- I certify that the information provided on this form is correct and complete and I acknowledge that information contained in this form and information regarding my policy(s) at BMO Life Assurance (BMO Insurance) may be reported to the Canada Revenue Agency.
- I also acknowledge that I will advise BMO Life Assurance (BMO Insurance) of any change in circumstances that may cause the information contained on this form to become incorrect and to provide an updated Self Certification Form.

Signature of Policy Owner and Title (if applicable)	Date (dd/mmm/yyyy)
X	
Signature of Claimant (Beneficiary)	Date (dd/mmm/yyyy)
X	