

Personal Data

Province: Ontario
Annuitant: Annuitant
Sex: Male
Date of Birth: 20 Jun 1941
Age at purchase: 80

Single Premium Details

Amount: \$100,000.00
Purchase Date: 01 Nov 2021
Source of Funds: Non-Registered

Annuity Details

Annuity Type: Single Life
Income Amount: \$681.73
Income Frequency: Monthly
Guaranteed Period: 10 years 0 months
First Payment Date: 01 Nov 2021
Tax Status: Prescribed
Annual Taxable Portion: See Tax Schedule

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 10 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.

Insurer: BMO Life Assurance Company

Prepared by:

Single Premium Immediate Annuity Version SPIA V9.0/17-10/1

Phone:

November 1, 2021

Rate basis: November 1, 2021

Time 14:11:56

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Tax Schedule

Annuitant:

Annuitant, Male, 20 Jun 1941, age at purchase 80

Year	Monthly Income*	Total Annual Income	Cumulative Payout	Annual Taxable Portion of Income
2021	\$682	\$1,363	\$1,363	\$12
2022	\$682	\$8,181	\$9,544	\$74
2023	\$682	\$8,181	\$17,725	\$74
2024	\$682	\$8,181	\$25,906	\$74
2025	\$682	\$8,181	\$34,087	\$74
2026	\$682	\$8,181	\$42,267	\$74
2027	\$682	\$8,181	\$50,448	\$74
2028	\$682	\$8,181	\$58,629	\$74
2029	\$682	\$8,181	\$66,810	\$74
2030	\$682	\$8,181	\$74,990	\$74
2031	\$682	\$8,181	\$83,171	\$74
2032	\$682	\$8,181	\$91,352	\$74
2033	\$682	\$8,181	\$99,533	\$74
2034	\$682	\$8,181	\$107,713	\$74
2035	\$682	\$8,181	\$115,894	\$74
2036	\$682	\$8,181	\$124,075	\$74
2037	\$682	\$8,181	\$132,256	\$74
2038	\$682	\$8,181	\$140,436	\$74
2039	\$682	\$8,181	\$148,617	\$74
2040	\$682	\$8,181	\$156,798	\$74
2041	\$682	\$8,181	\$164,979	\$74
2042	\$682	\$8,181	\$173,159	\$74
2043	\$682	\$8,181	\$181,340	\$74
2044	\$682	\$8,181	\$189,521	\$74
2045	\$682	\$8,181	\$197,702	\$74
2046	\$682	\$8,181	\$205,882	\$74

* 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

Single Premium Immediate Annuity Version SPIA V9.0/17-10/1

Prepared by:

Phone:

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Verification of Identity and Third Party Determination

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 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; C) making a request for change to an existing insurance policy; or D) In the event of a Death Claim.

A) New Application for Single Premium Immediate Annuities (SPIA) (Non-Registered Funds)

- Advisor must complete and sign this form when the application is for Single Premium Immediate Annuities.
- **SECTION 1 and SECTION 3** 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) (Non-Registered Funds)

- **All Sections** must be completed if the application is from a non-individual Policy Owner (e.g. Corporation, Partnerships, Trusts or Charities, Third Party Payor).
- **SECTION 1 and SECTION 3** 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 signed form, must be submitted with the application, otherwise, the policy issuance process may be delayed.

C) Request for Change to an Existing Policy for Universal Life, Guaranteed Funds (GIF) (Non Registered Funds), Single Premium Immediate Annuities (SPIA) (Non Registered Funds), BMO Whole Life Insurance with APO

- Advisor must complete and sign this form when making a request for changes to an existing policy, including:
 - Ownership change
 - Third Party Banking changes
 - Term conversion
- **SECTION 1 and SECTION 3** 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, Third Party Payor).
- The completed form must be submitted with the policy change otherwise, the policy issuance process may be delayed.

D) Death Claim for Universal Life, BMO Whole Life Insurance with APO, Single Premium Immediate Annuities (SPIA) (Non Registered) and Guaranteed Investment Funds (GIF) (Non Registered)

- **SECTION 1 and SECTION 3** must be completed for individual beneficiary(s)
- **All Sections** must be completed for non individual beneficiary(s) (Corporations, Partnerships, Trusts or Charities)
- The completed form must be submitted with the Death Claim documentation, otherwise the claim process may be delayed

SECTION 1 – VERIFICATION OF IDENTITY and Third Party Determination (Mandatory)

1.1 Third Party Determination: 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 (not applicable on death claims).

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:

Yes No

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: Yes No

Unable to determine Third Party Ownership, however I have reasonable grounds to suspect there is a Third Party.

If a Third Party has been determined, please complete form as outlined in Instructions for completion.

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

Acceptable Photo ID: original valid passport, driver’s licence, Certificate of Canadian Citizenship, 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)	
Type of Identification	Identification Number		Expiry Date (mm/yyyy)	Province of Issue	Country of Issue
Detailed Occupation/Principal Business		Residential Address		City	Province Postal Code
Phone number	Are you an intermediary or “gatekeeper” such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name		Last Name		Date of Birth (dd/mmm/yyyy)	
Type of Identification	Identification Number		Expiry Date (mm/yyyy)	Province of Issue	Country of Issue
Detailed Occupation/Principal Business		Residential Address		City	Province Postal Code
Phone number	Are you an intermediary or “gatekeeper” such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name		Last Name		Date of Birth (dd/mmm/yyyy)	
Type of Identification	Identification Number		Expiry Date (mm/yyyy)	Province of Issue	Country of Issue
Detailed Occupation/Principal Business		Residential Address		City	Province Postal Code
Phone number	Are you an intermediary or “gatekeeper” such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? <input type="checkbox"/> Yes <input type="checkbox"/> No				

1.3 Corporation (Section 1.2 must also be completed for signing officers and/or CEO) Please attach Articles of Incorporation Certificate of Corporate Status, Articles of Association.

Corporate Name		Detailed Principal Business			
Trade Name(s) or Operating Name(s) if different than the legal name provided above					
Corporate Registration Number	Date of Incorporation (dd/mmm/yyyy)	Country of Incorporation		Province of Incorporation	
Directors					
First Name		Last Name		Detailed Occupation	
First Name		Last Name		Detailed Occupation	
First Name		Last Name		Detailed Occupation	

1.4 Partnership/Association (Section 1.2 must also be completed for each Partner) Please attach Partnership Agreement.

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

1.5 Not for Profit / Charity (Section 1.2 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		

SECTION 2 – BENEFICIAL OWNERSHIP INFORMATION

Provide information requested for each individual and entity defined as follows.

Trust - Provide the names and addresses of all trustees and all known beneficiaries and settlors of the trust.

Corporation, Entity other than a Corporation or trust (E.g. Partnership, association, not for profit entities)
 Provide the names, addresses and the detailed occupation of all persons, and the names, addresses and the nature of the business of all entities who own or control, directly or indirectly, 25% or more of the shares of the corporation. For entity's owned partially or completely by another legal entity (resulting in indirect ownership by individuals) attach documentation that shows the ownership, control and structure of the corporation (attach a corporate structure chart that shows the entity's entire chain of ownership and family companies) Provide the names of all directors of the corporation and their detailed occupation.

Please select **the entity type and complete the required sections below.**

If you require additional space, please supply all required information in a separate list attached to this form.

- Trust - Complete 2.1
- Corporation - Complete 2.2 and 2.3
- Entity other than a Corporation or trust - Complete 2.2 and 2.3

SECTION 2.1 – TRUST

Name of Trust	Address	Registration number
Trustee - Full Name	Address	
Settlor - Full Name	Address	
Beneficiary of Trust - Full Name	Address	

SECTION 2.2 – INDIVIDUAL SHAREHOLDERS

Complete this section if the Corporation/Entity owner identified in Section 1, 1.2 is owned whole or in part by an individual or individuals. 100% of ownership or control must be accounted for.

1.	First Name	Last Name	Detailed Occupation			
	Residential Address	City	Province/State	Country	Postal Code	
	Is there 25% or more ownership or control? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control			
2.	First Name	Last Name	Detailed Occupation			
	Residential Address	City	Province/State	Country	Postal Code	
	Is there 25% or more ownership or control? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control			
3.	First Name	Last Name	Detailed Occupation			
	Residential Address	City	Province/State	Country	Postal Code	
	Is there 25% or more ownership or control? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control			
4.	First Name	Last Name	Detailed Occupation			
	Residential Address	City	Province/State	Country	Postal Code	
	Is there 25% or more ownership or control? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Direct Ownership or control <input type="checkbox"/> Indirect Ownership or control			

SECTION 2.3 – ENTITY OWNERSHIP

Complete this section if the Entity owner identified in section 1, 1.2 is owned whole or in part by another entity.

100% of entity ownership of the entity must be captured

For every additional individual or entity that owns or controls a portion of the Entity, please complete the Entity Ownership [form 864E](#).

1.	Name of controlling Corporation/Entity	Corporate Registration #	Date of Incorporation		
Detailed nature of business (holding companies must indicate the nature of their principal holding)					
Address		City	Province/State	Country	Postal Code
<input type="checkbox"/> Direct Ownership or control		Province/State of Incorporation	Country of Incorporation		
<input type="checkbox"/> Indirect Ownership or control					

INDIVIDUAL SHAREHOLDERS

100% of ownership or control named in 2.3 must be accounted for.

1.	First Name	Last Name	Detailed Occupation		
Residential Address		City	Province/State	Country	Postal Code
Is there 25% or more ownership or control? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Direct Ownership or control			
% of ownership or control		<input type="checkbox"/> Indirect Ownership or control			
2.	First Name	Last Name	Detailed Occupation		
Residential Address		City	Province/State	Country	Postal Code
Is there 25% or more ownership or control? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Direct Ownership or control			
% of ownership or control		<input type="checkbox"/> Indirect Ownership or control			
3.	First Name	Last Name	Detailed Occupation		
Residential Address		City	Province/State	Country	Postal Code
Is there 25% or more ownership or control? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Direct Ownership or control			
% of ownership or control		<input type="checkbox"/> Indirect Ownership or control			
4.	First Name	Last Name	Detailed Occupation		
Residential Address		City	Province/State	Country	Postal Code
Is there 25% or more ownership or control? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Direct Ownership or control			
% of ownership or control		<input type="checkbox"/> Indirect Ownership or control			

In order to bind the Corporation/Entity, BMO Life Assurance Company documents must be signed by (please select appropriate option)

any one of the Directors or controlling owner/partners named above

any two of the Directors or controlling owner/partners named above

Other (please describe) _____

Part 2 – Business Activity

Mandatory for the applicants, policy owners, third party payors and beneficiaries that are Corporations, Not for Profit Entity, Trusts and Non Corporate Entities.

Does the Entity conduct any of the following business activities listed below Yes No.

If “Yes”, also complete [form 575E](#), Supplementary Business Activity Questionnaire

- Operate a Money Services Business?
- Operate a Cheque Cashing/Payday Lending business?
- Operate, lease or maintain more than one White Label Banking Machine?
- 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?
- Operate a Casino or Bingo business?
- Sell Used Cars, Boats or Airplanes?
- Operate as an Arms Manufacturer, Dealer or Intermediary?
- Operate a Telemarketing/Direct Marketing Company or a Company that primarily sells through a Telemarketing/Direct Marketing Company?
- Operate as a Pawnbroker?
- Operate as a Non Registered Charity/Charitable Organization, or other Not-for-profit Organization?
- Operate an account for a Foreign Government?
- Operate an account for any of the following formed outside of Canada or the USA – Trust, Private Investment Company, or Personal Holding Company?
- Operate a Shell Bank?
- Operate an Internet Gambling Business?
- Is a Federal, Provincial or Territorial Cannabis License Holder?
- Create or Operate as an exchange/exchanger of Bitcoin or other Crypto/Virtual currencies?
- Operate as a Third Party Payment Processor?

SECTION 3 – ADVISOR CERTIFICATION (Mandatory)

I hereby certify that I have:

- (a) Verified the identity of the policy owner(s), third party payors or beneficiaries 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)/third party payor is/are acting on behalf of a third party.

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

Acknowledgement: Must be signed by an Authorized Signatory(ies) or Signing Officer.

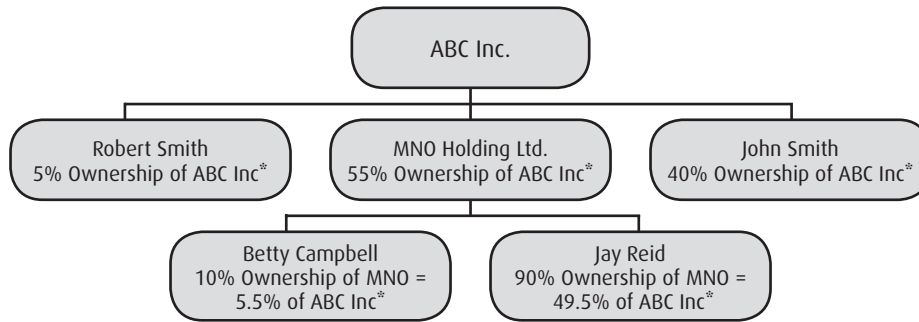
The Entity hereby certifies that the Business has not issued Bearer Shares and will notify BMO Insurance if Bearer Shares are issued. The Entity also certifies the information provided is true and complete and that we may rely on such information until we receive a written notice of change from the Entity.

***IMPORTANT NOTE:** To help expedite the process this form can be submitted without the signature of the Signatory/Signing Officer(s). Signatures must be provided at time of policy delivery and will be a settling requirement.

Entity Name:	Date (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 PERSONS QUESTIONNAIRE

NEW AND IN-FORCE BUSINESS REQUIREMENTS

This form must be completed:

- (a) when 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, BMO Whole Life with APO option or a Non-Registered Guaranteed Investment Fund.
- (b) by a beneficiary when a claim amount of \$100,000 or more is made to a beneficiary in respect of a Universal Life insurance policy, a Non-Registered Annuity, BMO Whole Life with APO option or a Non-Registered Guaranteed Investment Fund.

Policy Owner(s) or Beneficiary Name: _____

Application No./Policy No.: _____

In this form,

Politically exposed persons include family members and their close associates.

- (a) ***“politically exposed foreign persons”*** is a person who holds or has held one 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 attaché or counsellor of an ambassador,
 - 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,
- (b) ***“politically exposed domestic person”*** is a person who holds or has held within the last 5 years a specific office or position in or on behalf of the Canadian federal government, a Canadian provincial government, or a Canadian municipal government:
 - Governor General, lieutenant governor or head of government
 - member of the Senate or House of Commons or member of legislature
 - deputy minister or equivalent rank
 - ambassador, or attaché or counsellor of an ambassador
 - military officer with a rank of general or above
 - president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province
 - head of a government agency
 - judge of an appellate court in a province, the Federal Court of appeal or the Supreme Court of Canada
 - leader or president of a political party represented in a legislature or
 - mayor*

* in line with legislation across Canada, municipal governments includes cities, towns, villages and rural (county) or metropolitan municipalities. As such, a mayor is the head of a city, town, village, or rural or metropolitan municipality.
- (c) ***“the head of an international organization”*** the primary person who leads an international organization such as a president or CEO:
 - the head of an international organization established by the governments of states; or
 - the head of an institution established by an international organization

Policy Owner(s)/Beneficiary(s)/Payor(s) Name: _____

Application No./Policy No.: _____

In respect of this application or policy, has the applicant/owner/beneficiary/payor or any close relative (living or deceased), ever been, a politically exposed person? Yes No

If the answer to the above question is "Yes", then please complete all sections for each politically exposed person.

If the answer to the above question is "No", then please complete section B.

Section A - Details of Politically Exposed Person

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 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)		
Source of Funds/Source of Wealth (select all that apply)								
<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 type="text"/>				

Section B - Signatures

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/policy.

Signed at _____ this _____ day of _____, 20____

Owner	<input checked="" type="checkbox"/>	(If company-owned, 2 signatures and titles, or 1 signature and the corporate seal)
Owner	<input checked="" type="checkbox"/>	
Beneficiary	<input checked="" type="checkbox"/>	
Beneficiary	<input checked="" type="checkbox"/>	
Payor	<input checked="" type="checkbox"/>	
Advisor	<input checked="" type="checkbox"/>	

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