

Application for a Single Premium Immediate Annuity



**BMO Life Assurance Company
60 Yonge Street, Toronto, Ontario, Canada M5E 1H5
Tel 416-596-3900 • Fax 416-596-4143
Toll Free 1-877-742-5244**

348E (2010/11/18)

In this Application, the terms **you** and **your** refer to the annuity policy owner or owners. The terms **we**, **our** and **us** refer to BMO Life Assurance Company (BMO Insurance). All amounts are in Canadian dollars.

In which language would you like this policy to be issued? English French

1. Annuitant Information

First Name		Middle		Last Name		Male <input type="checkbox"/>
						Female <input type="checkbox"/>
Address (Number, Street, Apt., R.R.)						No. of Years
City		Prov.	Postal Code	Residence Tel.	Business Tel.	
Social Insurance No.		Date of Birth (D/M/Y)		Citizenship		
-		/ /		<input type="checkbox"/> Cdn <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other(specify)		
Employer Name			Principal Business/Occupation			Years with Current Employer
Employer Address (Number, Street, Apt., R.R.)					Type of Business	
City		Prov.	Postal Code	Business Tel.		

2. Secondary Annuitant Information

First Name		Middle		Last Name		Male <input type="checkbox"/>
						Female <input type="checkbox"/>
Address (Number, Street, Apt., R.R.)						No. of Years
City		Prov.	Postal Code	Residence Tel.	Business Tel.	
Social Insurance No.		Date of Birth (D/M/Y)		Citizenship		
-		/ /		<input type="checkbox"/> Cdn <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other(specify)		
Employer Name			Principal Business/Occupation			Years with Current Employer
Employer Address (Number, Street, Apt., R.R.)					Type of Business	
City		Prov.	Postal Code	Business Tel.		

3. Owner Information (if other than annuitant)

First Name/Corporation Name		Middle		Last Name		Federal Business No.	Male <input type="checkbox"/>
							Female <input type="checkbox"/>
Address (Number, Street, Apt., R.R.)						No. of Years	
City		Prov.	Postal Code	Residence Tel.	Business Tel.		
Social Insurance No.		Date of Birth (D/M/Y)		Citizenship			
-		/ /		<input type="checkbox"/> Cdn <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other(specify)			
Relationship to Annuitant							
Employer Name			Principal Business/Occupation			Years with Current Employer	
Employer Address (Number, Street, Apt., R.R.)					Type of Business		
City		Prov.	Postal Code	Business Tel.			

4. Additional Owner Information (to be completed for applications for a non-registered annuity or a deferred profit sharing plan account)

If the Owner is a corporation, please specify the name and occupation of all directors of the corporation and the name, address and occupation of all individuals who own or control, directly or indirectly, 25% or more of the shares of the corporation.

Directors

Name (First, Middle Initial, Last Name)	Occupation

Shareholders

Name (First, Middle Initial, Last Name)	Residence Address (Number, Street, Apt., R.R., City, Province, Postal Code)	Occupation

If the owner is an entity other than a corporation, then please specify the name, address and occupation of all individuals who own or control, directly or indirectly, 25% or more of that entity.

Name (First, Middle Initial, Last Name)	Residence Address (Number, Street, Apt., R.R., City, Province, Postal Code)	Occupation

If for any reason(s) you are unable to provide any of the information requested above in this Section 4, then please provide details of the reason(s):

Is the Owner a charity or other organization that solicits financial donations from the public? Yes No

If Yes, is the Owner registered with Canada Revenue Agency (CRA)? Yes No

Business No. issued by CRA _____

5. Payee Information

- Annuitant
- Annuitant while living, then the secondary annuitant, if applicable
- Annuitants jointly and then the survivor (for non-registered contracts only)
- Owner
- Other (for non-registered contracts only)

First Name	Middle	Last Name	Male <input type="checkbox"/>
Address (Street, Apt., R.R.)			Female <input type="checkbox"/>
			No. of Years
City	Prov.	Postal Code	Residence Tel.
		Business Tel.	
Social Insurance No.		or Federal Business No.	
- -			

6. Payment Information

- Direct deposit to Payee's bank account
attach a blank cheque marked "VOID" or if not available, complete the following banking information:

Name & branch of your Financial Institution: _____

Account number: _____ Branch transit number: _____

- Cheque to be mailed to Payee, as shown in Section 5 (available for annual payments only)

7. Fund Information

Type of Funds: Non-registered RRSP Spousal RRSP LIRA/Locked in RRSP LIF
 RRIF Registered Pension Plan (RPP) Deferred Profit Sharing Plan (DPSP)

Source of Funds: Cheque made payable to BMO® Insurance Single Premium Amount \$ _____

Transfer from another financial institution
Name of institution _____ Single Premium Amount \$ _____

Are the transferred funds subject to pension legislation? Yes No

If yes, indicate the Province or Act: _____

8. Request for Rate Guarantee

Please fax your request to BMO Insurance at 1-866-716-8999 or locally at 416-350-6611 no later than midnight EST on the day following the day that the quote was produced.

The Terms and Conditions for Rate Guarantees can be found on page 6 of this form.

Rate Effective Date (d/m/y): _____

Date signed (d/m/y) _____ Owner's Signature: X

9. Annuity Details

Annuity Type: Single Life Joint and Survivor Life Term Certain

For Locked in Retirement Accounts, Locked in RRSP or RPP, do you have a spouse as defined under the applicable pension legislation? Yes No If yes, and you are not selecting the minimum joint and survivor life annuity as defined under the applicable pension legislation, a Spousal Waiver Form must be completed.

Payment Frequency: Monthly Quarterly Semi-Annual Annual

Payment annual indexing (maximum 4% for registered funds; 6% for non-registered funds): Yes _____ % No

Estimated first income payment based on annuity quotation: \$ _____

First payment date: One month after purchase date
 Specific date (d/m/y) _____ (1st to the 28th only)

Payment Guaranteed Options: Years _____ No guaranteed period*

* My signature below confirms I understand and agree that no income payments or other amounts are payable after the death of all Annuitants if the death occurs on or after the day the first income payment is made.

Signature of Owner(s) X

Payment reduction (Joint and Survivor Life policies only after any guaranteed period):

- No reduction
 Payments reduced to _____ % on death of: First annuitant to die Primary annuitant Secondary annuitant

Taxation (for non-registered annuities):

- Level taxation (Prescribed Annuity) if applicable Accrual taxation

10. Beneficiary Information

The person you name below as the primary beneficiary will receive the death benefit or any remaining guaranteed income payments if the annuitant dies before income payments have begun or before all guaranteed income payments have been made. If the primary beneficiary dies before the annuitant does, the secondary beneficiary (if one is designated) will receive the death benefit or any remaining guaranteed payments.

Primary beneficiary: _____ Relationship to Owner: _____

Secondary beneficiary: _____ Relationship to Owner: _____

If you live in Quebec, and you've named your spouse as the primary beneficiary – that designation is automatically irrevocable under Quebec law. For Quebec residents, if you wish this designation to be revocable, indicate so here: Revocable

In other provinces, beneficiaries are automatically revocable. If you would like your beneficiary to be designated irrevocable, indicate so here: Irrevocable

Do you wish the beneficiary(s) named above to be able to commute any remaining guaranteed income payments?

Yes No If this section is not completed, it will be deemed you have chosen “yes” here.

11. Special Requests/Comments/Additional Information

12. Signatures/Declaration

The undersigned hereby declare and agree that the above statements and answers given in this Application are true and complete, and that the undersigned have read, understand and agree with the terms and conditions on page 6. If you are signing on behalf of a corporation, please include your title.

X _____
Signature of Annuitant Date (d/m/y)

X _____
Signature of Secondary Annuitant (if applicable) Date (d/m/y)

X _____
Signature of Owner (if other than annuitant) Date (d/m/y)

X _____
Witness – Advisor Signed at (city/province) Date (d/m/y)

What You Understand and Agree to When You Sign this Application

By signing you confirm that:

- The statements appearing in the Application are true and are submitted as the basis for the policy to be issued
- You have applied for an BMO Insurance Single Premium Immediate Annuity Policy and asked us to issue a policy as selected
- You understand the policy that you have requested will not take effect until we have received your Single Premium and required documentation
- You understand that any amounts paid to your beneficiaries could be subject to income tax
- You authorize us to use your Social Insurance Number for identification, administrative and income tax reporting purposes in connection with your policy
- If you have reserved an interest rate, you have read and agree to the interest rate guarantee agreement included with this application
- You accept any changes or additions noted in Section 11 (Special Requests/Comments/Additional Information)

Terms and Conditions for Rate Guarantees

By indicating in Section 8 that a rate guarantee is requested, the Owner agrees to transfer the total amount of premium to BMO Insurance. The Owner acknowledges that the commitment to transfer the funds is irrevocable.

In order to hold the rate for non-registered funds, we will require the following no later than midnight EST on the day following the day that the quote was produced:

- A copy of the quote, signed application, and a copy of the cheque for the full single premium. All items must be received, by fax, at our Head Office, in Toronto.
- Cheques for non-registered funds for the full single premium should be made payable to BMO Insurance and must be received in our Head Office in Toronto within 7 calendar days of the date of the Request for Rate Guarantee.

In order to hold the rate for Registered funds, we will require the following no later than midnight EST on the day following the day that the quote was produced:

- A copy of the quote and signed application. All items must be received at our Head Office, in Toronto.

If the funds are received by BMO Insurance more than 45 days after the date of this request, BMO Insurance has the right to give the less favorable of the rate basis in effect on the date of transfer and the guaranteed rate basis, but in no case will a more favorable rate than the guaranteed be given.

If the actual amount received is greater than the estimated figure shown on this application by more than \$5,000.00, BMO Insurance reserves the right to give the less favorable of the rate basis in effect on the date of the transfer and the guaranteed rate basis to the excess amount.

This rate guarantee is not a guarantee of income, but rather a guarantee of the rate basis used in the quotation. Note that the rate basis is only one of the factors used to calculate the income or single premium. If the funds are not received on the exact purchase date, BMO Insurance will re-quote based on the actual date of receipt, using the same guaranteed rate to determine the revised income or single premium amount but adjust the purchase date to the date of receipt of payment.

Protecting Your Personal Information

BMO Insurance will establish a confidential file containing your personal information for the purposes of administering your policy.

We recognize and respect your right to privacy. Access to this information will be limited to our employees who require the information to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

The information will be kept in our Head Office, and may be accessed, for review to make corrections, in our office closest to your province of residence. To access your file, please write to the BMO Insurance Compliance Officer, 60 Yonge Street, Toronto, Ontario, M5E 1H5.

By signing this Application, you give us your consent to:

1. Obtain personal information about you from persons outside Canada (e.g. your advisor), if this information is necessary for the purposes specified above, and
2. Disclose your personal information to our affiliates and service providers when disclosure is necessary for the purposes specified above.

You have the right to withdraw your consent by writing to the above address, however, absence of consent may affect the services we are able to offer you.

ADVISOR'S REPORT (to be completed by Advisor)

A) Confirmation of Annuitant identification and age

Annuitant: _____

Approved Documentation

Driver's License Birth Certificate Passport Certificate of Canadian Citizenship
 Canadian Armed Forces Identity Card Other specify _____

Document number: _____ Place of Issue: _____

B) Confirmation of Secondary Annuitant identification and age (if applicable)

Secondary Annuitant: _____

Approved Documentation

Driver's License Birth Certificate Passport Certificate of Canadian Citizenship
 Canadian Armed Forces Identity Card Other specify _____

Document number: _____ Place of Issue: _____

Identity and Age Verification

By signing here, I hereby certify that I used the preceding original valid document to verify the identity and date of birth of the Annuitant (and Secondary Annuitant, if any) and that the issuing jurisdiction, document number, individual's name appearing therein and date of birth as indicated here or above, were correctly transcribed from such document.

X

Signature of Advisor

Date (d/m/y)

Name of Advisor (Please Print)

Advisor Code

MGA Code

A Verification of Identity and Third Party Determination Form (Form 350E) must be duly completed and accompany all applications for a non-registered annuity or a deferred profit sharing plan account. In addition, whenever a lump sum payment of \$100,000 or more is made in respect of any such application, or whenever payments aggregating \$100,000 or more will be made prior to the issuance of the policy therefor, a Politically Exposed Foreign Persons Questionnaire (Form 420E) must be duly completed and accompany the application.