BMO Guaranteed Investment Funds

Client Name

Application for:

- Non Registered Plans
- Registered Plans

Unless otherwise noted, all sections are mandatory and must be completed. Sections highlighted in green are optional.

BMO Insurance

We're here to help.™

BMO GIF Administrative & Services Office
250 Yonge Street, 7th Floor,
Toronto, ON M5B 2M8

592E (2022/06/13)

BMO Insurance

BMO Office Use Only

RESET

Dealer/Intermediary Account # (if available)	

Policy #

In this application, the terms, "you", "your" and "Policyowner" refer to the person(s) who has Policyowner rights under the Contract. The terms "we", "our" and "us" refer to **BMO Life Assurance Company (BMO Insurance)**.

Application – BMO Guaranteed Investment Funds

Please fax (1-855-747-5613) or send the original form to BMO Insurance, BMO GIF Administrative and Services Office, 250 Yonge Street, 7th Floor Toronto, ON M5B 2M8
All changes must be initialled by ALL Policyowners signing this application.

1. Contract Type (Please check one)

- ☐ Non-registered Individual
- ☐ Non-registered Joint
- ☐ Non-registered Corporate/Non-Individual
- ☐ Retirement Savings Plan (RSP)*
- ☐ Spousal Retirement Savings Plan (SRSP)*
- ☐ Locked-in Retirement Account (LIRA)**
- ☐ Locked-in Retirement Savings Plan (LRSP)**
- ☐ Restricted Locked-in Savings Plan (RLSP)**
- ☐ Retirement Income Fund (RIF)*
- ☐ Spousal Retirement Income Fund (SRIF)*
- ☐ Life Income Fund (LIF)**
- ☐ Restricted Life Income Fund (RLIF)**
- ☐ Locked-in Retirement Income Fund (LRIF)**
- ☐ Prescribed Retirement Income Fund (PRIF)**

For locked-in income plans, provide the jurisdiction of the pension plan registration: ______________________

* Subject to the terms of the applicable endorsement. ****Complete and sign the terms of the applicable endorsement (forms available in Administration and Regulatory Documents at www.bmoinsurance.com/advisor/GIF).** Advisor must provide a copy to the client and submit a signed copy with the application.

2. Guarantee Option

Indicate which Guarantee Option you would like **(check only one).** If you would like more than one Guarantee Option, please complete a separate application for each Guarantee Option.

- ☐ **GIF 75/75** (75% maturity and 75% death benefit guarantee)
- ☐ **GIF 75/100** (75% maturity and 100% maximum death benefit guarantee)
- ☐ **GIF 75/100 Plus** (75% maturity and 100% maximum death benefit guarantee)
- ☐ **GIF 100/100** (100% maximum maturity guarantee and 100% maximum death benefit guarantee)

For GIF 100/100 only:
i) Select the term of the Maturity Date (check only one)

☐ **15 years** ☐ **other** ________ **(no. of years)** If no selection is made, the term will be 15 years from December 31 of the year the Contract takes effect. The Maturity Date is December 31 of the year you select. **It must be at least 15 years but not more than 25 years from December 31 of the year the Contract takes effect.** The Contract takes effect on the Valuation Day we receive the first deposit and all the requirements to issue the Contract are met.

ii) Would you like the Death Guarantee Reset Option (available only at time of application; additional fee applies): ☐ **Yes** ☐ **No**

3. Policyowner Information

For a registered Contract, the Policyowner is also the Annuitant in accordance with the *Income Tax Act* (Canada). The Policyowner must be a Canadian resident at the time the application is completed. For a corporate owner, please provide corporate records showing full name of company, authorized officials and their specimen signatures.

Name (Last, First, Initial) or name of corporation, trust or other non-individual owner	Email address

Address	City	Province	Postal Code

Telephone Number	Date of Birth (dd/mm/yyyy)	Sex	Language	SIN #
( )		☐ M ☐ F	☐ E ☐ F	

Occupation	Are you an intermediary or "gatekeeper" such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? ☐ Yes ☐ No

If Policyowner is a corporation, provide Business numbers:

Federal	Quebec (NEQ)	Nature of Business

4. Joint Owner Information (Non-registered Contracts only)

The Joint Owner must be a Canadian resident at the time the application is completed.
The policy may be held by two Policyowners at the same time with survivorship or as tenants in common.
Joint ownership with right of survivorship: On the death of one Policyowner, the surviving Policyowner automatically becomes the sole Policyowner of the entire Contract. Except for Quebec, joint ownership is with survivorship if no selection is made. In Quebec, joint ownership is without survivorship if no selection is made.
Joint tenants in common: Each Policyowner share passes to his or her estate on his or her death unless a Successor Owner was named. You may wish to designate a Successor Owner to take over your share on your death and facilitate the transfer of ownership.

Name (Last, First, Initial)	Email address	Occupation

Address	City	Province	Postal Code
☐ Address same as Owner			

Telephone Number	Date of Birth (dd/mm/yyyy)	Sex	Language	SIN #
( )		☐ M ☐ F	☐ E ☐ F	

Are you an intermediary or "gatekeeper" such as a Lawyer, Accountant, Real Estate Broker or Certified Trust & Financial Advisor that holds accounts for clients? ☐ Yes ☐ No

Please check one to indicate the type of joint ownership:

- ☐ Joint ownership with rights of survivorship. In Quebec, by checking this box the Joint Owners select survivorship by appointing each other subrogated Policyowner.
- ☐ Joint tenancy in common (indicate share (%) ownership; if no selection is made, the split is equal).

Policyowner in Section 3 ____________ %   Joint Owner in Section 4 ____________ %

5. Successor Owner or Subrogated Owner (Quebec) (Non-registered Contracts only)

You may name someone to succeed you as owner on your death or in Quebec as your subrogated Policyowner.

Name (Last, First, Initial)

Address ☐ Address same as Owner | City | Province | Postal Code

Telephone Number ( ) | Date of Birth (dd/mm/yyyy) | Sex ☐ M ☐ F | Language ☐ E ☐ F | SIN #

6. Annuitant (if other than the Policyowner, non-registered Contracts only, must be a Canadian resident) If this section is not completed, the Annuitant is the Policyowner, **except that** an Annuitant must be named for: Joint Owners, a non-individual Policyowner and informal trust (ITF).

Name (Last, First, Initial) | Date of Birth (dd/mm/yyyy)

7. Successor Annuitant (for RIF and non-registered Contracts only)

You may name a Successor Annuitant if you wish the Contract to continue after the death of the Annuitant. On the death of the Annuitant, the death benefit is not payable and the Contract will continue.

For RIF, the Successor Annuitant must be the Annuitant's spouse or common-law partner.

Name (Last, First, Initial) | Date of Birth (dd/mm/yyyy)

8. Spousal Information (Complete if this application is for a Spousal RSP or Spousal RIF Contract)

SIN #

☐ Spousal RSP ☐ Spousal RIF (complete if contains spousal money)

Spousal Contributor's Name (Last, First, Initial) | Date of Birth (dd/mm/yyyy)

Address ☐ Address same as Owner | City | Province | Postal Code

Sex ☐ M ☐ F | Language ☐ E ☐ F | Occupation

9. Beneficiary

If you designate an irrevocable Beneficiary you cannot make certain changes to the Contract without the Beneficiary's written authorization.
Minor beneficiaries cannot give this approval.
If this section is not completed, the Beneficiary is the Policyowner's estate. A Contingent Beneficiary does not have rights while a Primary Beneficiary exists.
All Beneficiaries are revocable unless you specifically indicate otherwise by writing "irrevocable" after that Beneficiary's name.

Annuity Settlement Option: ☐ **I (We) choose to have one or more of the beneficiaries receive their share of the death benefit as a payout annuity. Complete the Annuity Settlement Option – BMO GIF Funds (838E) form (do not complete the beneficiary designation chart below).**

For Quebec policy: the designation of your spouse (married or civil union) is irrevocable, except if you check revocable here. ☐

Beneficiary Name: Primary	Relationship to Annuitant (Policyowner in Quebec)	Share of benefit (%)
1.		
2.		
Beneficiary Name: Contingent		Total % 0.000
1.		
2.		
		Total % 0.000

Trustee for minors (not available in Quebec)

______________________________ (name of trustee for minors)

By naming a trustee for a minor Beneficiary, you agree that any benefits that become payable to a minor child will be paid to the trustee to hold in trust for the child until the child becomes of age.

10. Lump sum Deposit – List the fund code(s) for the funds you have chosen. **The minimum initial deposit is $500 per fund**.

Fund code*	Sales Chrg%	Deposit Amount** ($) or (%)	Cont. Recpt. (Y/N)	Wire Number (if available)	Fund code*	Sales Chrg%	Deposit Amount** ($) or (%)	Cont. Recpt. (Y/N)	Wire Number (if available)

* **Please ensure the fund codes match the Guarantee Option.** ** **For non-registered deposits $100,000 or more, please attach completed Politically Exposed Foreign Persons Form 420E.**

☐ Method of Payment ☐ **Cheque**

Please make personal cheque **(must be precoded)** payable to **BMO Life Assurance Company**	$

☐ **One-time PAD withdrawal from your bank account**

Enter fund information in table above; **also complete and sign PAD Agreement in Section 11**	$

☐ External Transfer (attach cheque and copy of T2033, T2030 or other appropriate transfer documents)

Name of Institution	$	Name of Institution	$

COPY 1 - BMO COPY 2 - ADVISOR COPY 3 - OWNER

☐ Internal BMO Insurance Transfer (attach cheque and appropriate transfer documents)

Name of Institution	$	Name of Institution	$

Source of Funds (must be completed)

I declare that the source of this payment is one of the following (for "Other" please be specific): **P**=Policyowner **J**=Joint Owner (if any)

P	J		P	J		P	J		P	J	
☐	☐	Employment Income	☐	☐	Gift	☐	☐	Grants/Scholarships	☐	☐	Insurance Claim Payments
☐	☐	Investment income/Savings	☐	☐	Retirement/Pension Income	☐	☐	Sale of Assets	☐	☐	Trust/Inheritance
☐	☐	Lottery Winnings	☐	☐	Self-Employment Income	☐	☐	Corporate	☐	☐	Loan
☐	☐	Proceeds from a legal case or action				☐	☐	Other: ____________			
						☐	☐	Other: ____________			

Our policy requires that we verify the source of funds before accepting transactions.

Purpose of Policy (must be completed)

☐ Savings ☐ Retirement ☐ Education ☐ Estate Planning
☐ Charitable Donation ☐ Income/Family Protection ☐ Other ____________

11. Deposit by PAD – Also known as "PAC" (Available only for non-registered, RSP and SRSP Contracts)

List the fund code(s) for the funds you have chosen. **The minimum PAD amount is $50 per fund.**

If you have chosen a PAD, please complete the Pre-Authorized Debit (PAD) Agreement below for the Payor(s).

If Payor is different from Policyowner, please complete the form listed in Section 14(2).

Month/Year to start
Date of Deposit (1st to 28th)

PAD Frequency: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly (if no frequency is selected, default is monthly).
☐ Bi-Weekly ☐ Weekly

PAD Increases: ☐ Yes ☐ No If 'Yes' _______ % or $ ___________ annually at: ☐ Each policy anniversary; or ☐ Every 12 months after PAD start date

Fund code	Sales Charge %	Deposit Amount ($)	Fund code	Sales Charge %	Deposit Amount ($)

A personal precoded VOID Specimen Cheque or Bank PAD form must be attached.

Pre-Authorized Debit (PAD) Agreement (Complete and sign for all PAD frequencies, including if one-time PAD withdrawal is being made in Section 10)

By signing below, I/we, the Payor(s) under the PAD Agreement agree to the following:

- I/we have certain recourse rights in the event that a debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my (our) recourse rights, I/we may contact your financial institution or visit payments.ca.
- I/we authorize BMO Insurance and my/our financial institution to make automatic withdrawals from my/our bank account, as per my/our instructions.
- I/we agree to the collection, use, retention and disclosure of my/our personal information for purposes relating to this PAD agreement.
- For purpose of this authorization, all pre-authorized debits from my/our account will be treated as personal.
- This agreement may be terminated by providing 10 days written notice to BMO Insurance. A sample cancellation form or more information on cancellation rights is available at my/our financial institution or by visiting payments.ca.
- All persons whose signatures are required to authorize withdrawals from the account have signed below, including any required joint account holder.
- I/we agree that any notices sent to us will be sent to the Policyowner or Joint Owner address on record.
- **I/we waive any pre-notification requirements** before the first payment is processed or if the amount of payment is changed.

Date Signed	Print Name of Payor (Account Holder)	Print Name of Second Payor (Account Holder), if any.
	Signature of Payor (Account Holder) X	Signature of Second Payor (Account Holder), if any. X

12. Dollar Cost Averaging (DCA)

☐ Yes ☐ No **(If yes, funds in Section 10 must be deposited to the BMO Money Market GIF for the GIF Guarantee Option selected)**

Frequency: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly (if no frequency is selected, default is monthly).
☐ Bi-Weekly ☐ Weekly

Month/Year to start
Date of month (1st to 28th)

Fund Code	Amount of Switch ($) *	Fund Code	Amount of Switch ($) *

* **Minimum DCA amount is $50 per fund.** Funds will be switched to the selected funds until depletion of the BMO Money Market GIF.

13. Scheduled Withdrawal Plan (SWP)

List the fund code(s) for the funds you have chosen. The minimum SWP amount is $100 per fund (or lower if required by legislation). The gross withdrawal is the net withdrawal plus taxes and fees withheld (default is Gross if no selection is made).

SWP not available on RSP, LIRA, LRSP or RLSP Contracts.

For RIF, LIF, LRIF, PRIF or RLIF Contracts, you must withdraw an amount which is equal to or exceeds the minimum.

☐ RIF, LIF, LRIF, PRIF, RLIF minimum ☐ LIF, LRIF, RLIF maximum ☐ RIF, LIF, LRIF, PRIF, RIF specific amount: ____________

If no instructions are provided, the minimum gross payment will be made annually on December 31st.

Additional voluntary Tax Withholding percentage (%) ________ Provincial percentage (for Quebec residents) (%) ________

SWP Frequency: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly (if no frequency is selected, default is monthly).
☐ Bi-Weekly ☐ Weekly

Month/Year to start
Date of withdrawal (1st to 28th)

Fund Code	Amount ($)	Net	Gross	Fund Code	Amount ($)	Net	Gross

A personalized precoded VOID Specimen Cheque or Bank form must be attached. Withdrawals will be deposited in the bank account indicated on the cheque.

If legislation permits, you elect the RIF, LIF, LRIF, PRIF, RLIF minimum payment be based on:
☐ Your age ☐ Age of your spouse (default will be "Your age" if not completed).
This election cannot be changed after the end of the year in which this application is made.

Spouse's Date of Birth (dd/mm/yyyy)

14. Identity Verification, Third Party Determination and Politically Exposed Persons

(1) Identity Verification

Is the application from a non-individual Policyowner (e.g. corporation, partnership or trust)? ☐ Yes ☐ No

If "yes", on Form 576E complete all sections; also complete **Declaration of Tax Residency for Entities** Form RC519.

If "no", please complete the following section.

Policyowner Information: Which current (non-expired) Government issued Photo ID is used to verify identity?

Document Type: ☐ Driver's license ☐ Passport ☐ Canadian Citizenship Card ☐ Provincial ID

Number	Country of Issue and Province/State of Issue	Expiry Date

Joint Owner Information: Which current (non-expired) Government issued Photo ID is used to verify identity?

Document Type: ☐ Driver's license ☐ Passport ☐ Canadian Citizenship Card ☐ Provincial ID

Number	Country of Issue and Province/State of Issue	Expiry Date

(2) Third Party Determination

Is the Contract type non-registered and is a third party involved, e.g. will a third party pay for this Contract or have access to value of the Contract?

☐ Yes ☐ No If "yes", please attach completed Section 1 **Verification of Identity and Third Party Determination** and Section 3 **Advisor Certification** on Form 576E. If the Third Party is a non-individual (e.g. corporation, partnership or trust) attach completed Form 576E.

(3) Politically Exposed Persons (PEP)

Is the Contract type non-registered and is the deposit $100,000 or more? ☐ Yes ☐ No

If "yes", please attach completed Politically Exposed Foreign Persons Form 420E.

(4) Declaration of Tax Residency for Individuals

Is the Contract type non-registered? ☐ Yes ☐ No

If "yes", are you a resident or a Citizen of the United States? ☐ Yes - TIN (Tax Identification Number) ____________________ ☐ No

Are you a resident of any other country other than Canada or the U.S? ☐ No ☐ Yes - Country ____________ TIN ____________

15. Authorization and Signatures

The Policy Provisions and Information Folder contain important information and should be read before investing.

☐ **You agree to have your advisor send the Policy Provisions, Information Folder and Fund Facts to you electronically.**

All Policyowners must sign this section. Non-individual Policyowners must sign as required under their corporate documentation.

If this application is signed by an attorney under a Power of Attorney (POA), complete Form 576E, Section 1 **Verification of Identity and Third Party Determination** and attach an original copy of the POA.

By signing below you confirm that:

- you have received a copy of the BMO Guaranteed Investment Funds Policy Provisions, Information Folder and Fund Facts and your advisor has explained its contents to you;
- you have read, understand and agree to the terms listed in the Section **"What you understand and agree to when you sign this application"**;
- you have read and agree to the terms of the **"BMO Insurance Privacy Notice"** outlined in this application. By signing this application, you consent to the use and practices set out in the Notice.
- if you are an individual, you certify that the information given on this form in the section "**Declaration of Tax Residency for Individuals**" is correct and complete and you will provide us with a Form RC 518 within 30 days of any change in circumstances that causes such information to become incomplete or inaccurate.
- **Quebec residents:** You have requested that this application and all related documents be in English. J'ai demandé que le présent formulaire de demande et tous documents s'y rapportant soient rédigés en anglais.
- **for an Annuitant or Successor Annuitant who is different from Policyowner(s)**. By signing below, I, the Annuitant or Successor Annuitant, consent to be the measuring life in this annuity.

Signed at (Province)	Date
Policyowner Signature X	Joint Owner or Successor Owner/Subrogated Policyowner Signature X
Annuitant Signature, if other than Owner X	Successor Annuitant Signature, if other than Owner X

16. Advisor Information and Declaration

By signing here, I the advisor confirm that:

- I am appropriately licensed;
- I have thoroughly examined the Policyowner needs for product suitability;
- I have examined the original, valid and unexpired identity verification documentation for the proposed Policyowner and Joint Owner, and validated the Annuitant's date of birth;
- I have made reasonable efforts to determine if a third party is involved with this Contract;
- I have discussed and explained the contents of the Policy Provisions, Information Folder and the Fund Facts to the proposed Policyowner(s);
- I have disclosed to each Policyowner:
  - the name of the company or companies I represent;
  - that I will receive compensation in the form of commissions for the sale of this Contract and may receive additional compensation in the form of bonuses or non-monetary benefits, such as, trailers, invitations to conferences and travel incentives;
  - any conflicts of interest that I may have in respect to this transaction.

Name of Advisor (Surname, First Name, Initial)	Contact information (Telephone, e-mail)

Dealer/Agency Code	Advisor Code	Signature of Advisor	Date
		X	

Notes/Special Instructions – Advisor's remarks ____

____

Print – BMO Print – ADVISOR Print – OWNER COPY 1 - BMO COPY 2 - ADVISOR COPY 3 - OWNER

FUND CODES AND INSTRUCTIONS

Lump Sum Deposits, Deposits by PAD, DCA and SWPs

Please select from the following fund codes:

GIF 75/75 Fund Names	Front-End Load	Class A* Deferred Sales Charge	No-Load (3)	No-Load (5)	Class F**
Fixed Income ETF Portfolio	BLA2011	BLA2021	BLA2001	BLA2002	BLA2006
Income ETF Portfolio	BLA2111	BLA2121	BLA2101	BLA2102	BLA2106
Conservative ETF Portfolio	BLA2211	BLA2221	BLA2201	BLA2202	BLA2206
Balanced ETF Portfolio	BLA2311	BLA2321	BLA2301	BLA2302	BLA2306
Growth ETF Portfolio	BLA2411	BLA2421	BLA2401	BLA2402	BLA2406
Equity Growth ETF Portfolio	BLA2511	BLA2521	BLA2501	BLA2502	BLA2506
Low Volatility U.S. Equity ETF	BLA2611	BLA2621	BLA2601	BLA2602	BLA2606
Low Volatility Canadian Equity ETF	BLA2711	BLA2721	BLA2701	BLA2702	BLA2706
Monthly Income	BLA2911	BLA2921	BLA2901	BLA2902	BLA2906
Asset Allocation	BLA4011	BLA4021	BLA4001	BLA4002	BLA4006
Dividend	BLA4111	BLA4121	BLA4101	BLA4102	BLA4106
Monthly High Income II	BLA4211	BLA4221	BLA4201	BLA4202	BLA4206
Tactical Balanced	BLA4311	BLA4321	BLA4301	BLA4302	BLA4306
Sustainable Global Balanced	BLA4411	BLA4421	BLA4401	BLA4402	BLA4406
Low Volatility International Equity ETF	BLA4511	BLA4521	BLA4501	BLA4502	BLA4506
Concentrated Global Balanced	BLA4611	BLA4621	BLA4601	BLA4602	BLA4606
Concentrated Global Equity	BLA4711	BLA4721	BLA4701	BLA4702	BLA4706
Sustainable Opportunities Global Equity	BLA4811	BLA4821	BLA4801	BLA4802	BLA4806
Balanced ESG ETF	BLA4911	BLA4921	BLA4901	BLA4902	BLA4906
Sustainable Global Multi-Sector Bond	BLA5811	BLA5821	BLA5801	BLA5802	BLA5806
Money Market	BLA2811	BLA2821	BLA2801	BLA2802	BLA2806

GIF 75/100 Fund Names	Front-End Load	Class A* Deferred Sales Charge	No-Load (3)	No-Load (5)	Class F**
Fixed Income ETF Portfolio	BLA1011	BLA1021	BLA1001	BLA1002	BLA1006
Income ETF Portfolio	BLA1111	BLA1121	BLA1101	BLA1102	BLA1106
Conservative ETF Portfolio	BLA1211	BLA1221	BLA1201	BLA1202	BLA1206
Balanced ETF Portfolio	BLA1311	BLA1321	BLA1301	BLA1302	BLA1306
Growth ETF Portfolio	BLA1411	BLA1421	BLA1401	BLA1402	BLA1406
Equity Growth ETF Portfolio	BLA1511	BLA1521	BLA1501	BLA1502	BLA1506
Low Volatility U.S. Equity ETF	BLA1611	BLA1621	BLA1601	BLA1602	BLA1606
Low Volatility Canadian Equity ETF	BLA1711	BLA1721	BLA1701	BLA1702	BLA1706
Monthly Income	BLA1911	BLA1921	BLA1901	BLA1902	BLA1906
Asset Allocation	BLA3011	BLA3021	BLA3001	BLA3002	BLA3006
Dividend	BLA3111	BLA3121	BLA3101	BLA3102	BLA3106
Monthly High Income II	BLA3211	BLA3221	BLA3201	BLA3202	BLA3206
Tactical Balanced	BLA3311	BLA3321	BLA3301	BLA3302	BLA3306
Sustainable Global Balanced	BLA3411	BLA3421	BLA3401	BLA3402	BLA3406
Low Volatility International Equity ETF	BLA3511	BLA3521	BLA3501	BLA3502	BLA3506
Concentrated Global Balanced	BLA3611	BLA3621	BLA3601	BLA3602	BLA3606
Concentrated Global Equity	BLA3711	BLA3721	BLA3701	BLA3702	BLA3706
Sustainable Opportunities Global Equity	BLA3811	BLA3821	BLA3801	BLA3802	BLA3806
Balanced ESG ETF	BLA3911	BLA3921	BLA3901	BLA3902	BLA3906
Sustainable Global Multi-Sector Bond	BLA5911	BLA5921	BLA5901	BLA5902	BLA5906
Money Market	BLA1811	BLA1821	BLA1801	BLA1802	BLA1806

GIF 75/100 Plus Fund Names	Class A* Front-End Load	Class F**
Fixed Income ETF Portfolio	BLA79011	BLA79006
Income ETF Portfolio	BLA79111	BLA79106
Conservative ETF Portfolio	BLA79211	BLA79206
Balanced ETF Portfolio	BLA79311	BLA79306
Money Market	BLA79411	BLA79406

FUNDS CODES AND INSTRUCTIONS

Lump Sum Deposits, Deposits by PAD, DCA and SWPs

Please select from the following fund codes:

GIF 100/100 Fund Names	Front-End Load	Class A* Deferred Sales Charge	No-Load (3)	No-Load (5)	Class F**
U.S. Balanced Growth	BLA111	BLA121	BLA101	BLA102	BLA106
Canadian Balanced Growth	BLA211	BLA221	BLA201	BLA202	BLA206
North American Income Strategy	BLA311	BLA321	BLA301	BLA302	BLA306
Canadian Income Strategy	BLA411	BLA421	BLA401	BLA402	BLA406
Conservative ETF Portfolio	BLA5011	BLA5021	BLA5001	BLA5002	BLA5006
Balanced ETF Portfolio	BLA5111	BLA5121	BLA5101	BLA5102	BLA5106
Monthly Income	BLA5211	BLA5221	BLA5201	BLA5202	BLA5206
Asset Allocation	BLA5311	BLA5321	BLA5301	BLA5302	BLA5306
Sustainable Global Balanced	BLA5411	BLA5421	BLA5401	BLA5402	BLA5406
Concentrated Global Balanced	BLA5511	BLA5521	BLA5501	BLA5502	BLA5506
Balanced ESG ETF	BLA5611	BLA5621	BLA5601	BLA5602	BLA5606
Sustainable Global Multi-Sector Bond	BLA5711	BLA5721	BLA5701	BLA5702	BLA5706
Money Market	BLA511	BLA521	BLA501	BLA502	BLA506

* Please enter the Class A fund codes. Deposits qualifying for Prestige Class will automatically be switched into the corresponding Prestige Class funds. Clients qualify for Prestige Class if they hold $250,000 or more in BMO GIF contracts issued in their name.

** F Class in Client name available through Fundserv only. Maximum Advisor fee of 1.25%.

All transactions are processed on a daily basis. Purchase orders and all other transaction requests must be received by 4:00 p.m. EST to be processed based on the Unit Values on that day. If received after 4:00 pm EST, transactions will be processed on the next Valuation Day.

Cheques: i) must have name pre-printed on cheque; ii) for registered Contracts, cheque must be issued by contributor.

BMO GIF Administrative and Services Office

250 Yonge Street, 7th Floor
Toronto, Ontario M5B 2M8

Telephone: 1-855-639-3867 | Fax: 1-855-747-5613
E-mail: ClientServices.BMOLifeGIF@bmo.com

What you understand and agree to when you sign this application

Your signature in Section 15 of this application confirms that:

- you agree that the information you provided is complete and accurate;
- you have reviewed your investment objectives and risk profile with your advisor and agree that the investment(s) chosen are suitable within the context to your overall investment portfolio;
- you are applying for BMO Guaranteed Investment Funds individual variable insurance policy and agree to the terms contained in the Policy Provisions and application;
- the information you have provided in this application is complete and accurate and you will tell us if any of the information changes;
- for registered contracts, you request that we file an election to register your Contract as a Retirement Savings Plan or a Retirement Income Fund under the *Income Tax Act* (Canada). If the funds are locked-in, you request that we register your Contract as a LIRA, LRSP, RLSP, LIF, PRIF, LRIF, RLIF under applicable pension legislation in accordance with your selection. You agree that the Contract will contain an endorsement containing the provisions required under the *Income Tax Act* (Canada) or the applicable pension legislation in accordance with your selection.
- in a locked-in plan, the rights of your spouse as defined under the applicable pension legislation can take precedence over the rights of the beneficiary designated in this application.
- you understand that your Contract will be effective upon receipt of your initial deposit and the application is properly completed;
- nature of segregated funds: you understand that except for the guarantee on maturity or death, deposits made to a segregated fund are not guaranteed but fluctuate with the market value;
- we are authorized to accept instructions from your advisor to execute financial and non-financial transactions, including but not limited to deposits, withdrawals and switches **in accordance with your instructions** and the Policy Provisions; You understand that BMO Insurance shall not be liable for following the instructions provided by the advisor/distributor;
- you understand that an irrevocable Beneficiary designation will limit certain rights you have under this Contract unless you receive written consent from the Beneficiary or if otherwise permitted by law. A parent, guardian or tutor cannot provide consent on behalf of a minor who has been named as irrevocable Beneficiary;
- you have the right to change your mind about purchasing this Contract by sending us a written notice within 2 business days of the earlier of the date you receive confirmation or 5 business days after it is mailed;
- you may discuss any questions or concerns you may have by contacting your advisor or our Administrative and Services Office. More information about our complaint resolution procedures is available on the internet at www.bmoinsurance.com.

BMO Insurance Privacy Notice

When we receive your application, we will establish and maintain a file about you and your Contract that may contain personal information. We collect personal information about you to service and administer your Contract, including after the Contract has ended; to comply with the law; to determine your eligibility for our products and services; and to confirm the accuracy of information you have provided. Access to your personal information is limited to BMO Insurance employees, your advisor and their agency, third party service providers we have engaged to provide services with respect to the Contract; other persons you authorize or who are authorized by law to access your file. If necessary, your personal information may also be shared with your beneficiaries in relation to a claim. Your Social Insurance Number will be used only for income tax reporting purposes. For more information, please consult our Privacy Code at www.bmoinsurance.com.

You may access your file and request corrections to your personal information, if applicable, by sending a written request to Privacy Officer, BMO Insurance, 60 Yonge, Toronto, Ontario M5E 1H5.

From time to time, we may use your personal information to offer or promote other insurance and financial products and services that we believe may be of interest to you. We may also share your personal information within BMO Financial Group (that is the Bank and its subsidiaries and affiliates) for these purposes, to the extent permitted by the law. If you prefer not to receive our marketing communication or not to have your personal information shared with BMO Financial Group, you can request to have your name deleted from our marketing and shared information list by writing to the Privacy Officer at the address listed above.