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

n this Application, the terms you and yo Assurance Company (BMO Insurance). All	, ,	,	mers. The terms n	ve, our a	and <i>us</i> re	iei to E	amo Liie	
n which language would you like this po	licy to be issued? \Box Engl	ish 🗆 Fre	ench					
We must receive the original of this appli	cation in order to issue the	e contract. Pleas	se make additiona	l copies	for the 0	wner a	ınd Adviso	Ͻſ.
1. Annuitant Information								
First Name	Middle	Last Name		Male Female	Date o	f Birth (dd	/mmm/yyyy)	
Address (Number, Street, Apt., R.R.)							No. of Yea	۲S
City	Prov.	Postal Code	Residence Tel.		Business	Tel		
	1104.	7 05(0) 6006	Residence Tell		Business	ici.		
Social Insurance No.	Citizenship				-	_	Canada for inc	
Employer Name	Cdn Landed Immigrant Principal Business an	Other(specify)			tax purposes Ye		Yes L	No yer
Are you an intermediary or "gatekeeper" such as a Lawye	r, Accountant, Real Estate Broker or Ce	ertified Trust & Financia	al Advisor that holds accou	ınts for clier	nts?	Yes	□No	
Employer Address (Number, Street, Apt., R.R.)					Type of B	usiness		
City	Prov.	Postal Code			Business	Tel.		
2. Secondary Annuitant Informa	tion				'			
First Name	Middle	Last Name		Male Female	Date o	f Birth (dd	/mmm/yyyy)	
Address (Number, Street, Apt., R.R.)							No. of Yea	ſS
City	Prov.	Postal Code	Residence Tel.		Business	Tel.		
Social Insurance No.	Citizenship				Are you a re	sident of C	Canada for inc	ome
	Cdn Landed Immigrant Principal Business an	d Occupation			tax purposes		Yes Current Emplo	No
Employer Name	i inicipai business an	а оссарации				.dis with C	current Emplo	yeı
Are you an intermediary or "gatekeeper" such as a Lawye	r, Accountant, Real Estate Broker or Ce	ertified Trust & Financia	al Advisor that holds accou	ınts for clier	nts?	□Yes	□No	
Employer Address (Number, Street, Apt., R.R.)					Type of B	usiness		
City	Prov.	Postal Code			Business	Tel.		
3. Owner Information (if other than an	nuitant)							
First Name	Middle	Last Name		Male Female	Date o	f Birth (dd	/mmm/yyyy)	
Address (Number, Street, Apt., R.R.)							No. of Yea	ſS
City	Prov.	Postal Code	Residence Tel.		Business	Tel.		
Social Insurance No.	Citizenship ☐ Cdn ☐ Landed Immigrant	Other(specify)			Are you a restax purposes		Canada for inc	ome No
Relationship to Annuitant				·				
Employer Name	Principal Business an	d Occupation			Ye	ears with (Current Emplo	yer
Are you an intermediary or "gatekeeper" such as a Lawye	r, Accountant, Real Estate Broker or Co	ertified Trust & Financia	al Advisor that holds accou	ınts for clier	nts?	□Yes	□No	
Employer Address (Number, Street, Apt., R.R.)					Type of B	usiness		
City	Prov.	Postal Code			Business	Tel.		

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4. Payee Information	on							
☐ Annuitant								
☐ Annuitant while living	g, then the se	econdary annuitant,	if applicable					
☐ Annuitants jointly and								
□ Owner								
 Other (for non-registe and Third Party Deter 			ormation bel	ow); for unrel	ated parties please co	omplete the Verificati	on of Identity	
First Name		Middle			Last Name		Male	
Address (Number, Street, Apt., R.	R.)						No. of Years	
City Prov.			Prov.	Postal Code	Residence Tel.	Business Tel.		
Social Insurance No.		or Federal Business I	No.					
5. Payment Inform	ation	1 1						
☐ Direct deposit to Payor attach a blank chequ	ee's bank acc		le, complete	the following	g banking informatior	٦:		
Name & branch of yo	ur Financial II	nstitution:						
Account number:				Bran	ch transit number:			
\square Cheque to be mailed	to Payee, as	shown in Section 4	(available fo	r annual payr	ments only)			
6. Fund Information	n							
Type of Funds:] Non-registe		•	usal RRSP	☐ LIRA/Locked i			
	RRIF	\square Registered Pens	sion Plan (RP	P)**	☐ Deferred Profit Sh	aring Plan (DPSP)		
*Source of Funds (Select	all that apply)	- Mandatory for Nor	-registered I	unds.				
☐ Self-employment incom	\square Employment inco	me [Retirement Ir	ncome/Pension Income	☐ Grants/Scholarships			
\square Insurance Claim Payments		☐ Corporate		\square Investment Income/Savings		\square Sale of Asse	☐ Sale of Assets	
☐ Trust/Inheritance		☐ Gift	Gift □ Loan		☐ Lotter		ery Winnings	
\square Proceeds from a legal c	ase or action			Other				
Method of Payment:	☐ Cheque made payable to BMO® Insurance Single Premium Amount \$							
		from another financ						
					Single Premium A			
	The broker our office.	cannot sign on beha	alf of the tra	nsferee, plea	se submit all the orig	ginal copies of the tra	nsfer form to	
Are the transferred fund	s subject to p	ension legislation?		∕es □ No				
If yes, indicate the Provi	nce or Act:							
**Are the Funds from a	defined be	nefit Registered Pe	ension Plan	(RPP)?	□ Yes □ No			

If yes, Form 778E "Additional Information Required for a SPIA Contract Purchased with Registered Pension Plan (RPP) Funds" must be completed. BMO Insurance will not issue a SPIA using a direct transfer of defined benefit RPP funds unless this Additional Information form is signed by the prospective Owner.

7. kequest for kate duarantee	
\square No, apply the rate basis in effect when funds are received by I	3MO Insurance.
$\hfill\square$ Yes, guarantee the rate basis from the prepared quote under t	he Terms and Conditions for Rate Guarantees below.
Please fax your request to BMO Insurance at 1-866-716-8999 or day following the day that the quote was produced.	locally at 416-350-6611 no later than midnight EST on the next business
Rate Effective Date (dd/mmm/yyyy):	_
Date signed (dd/mmm/yyyy) Own	er's Signature: X

Terms and Conditions for Rate Guarantees

Doguest for Date Guarantee

By indicating 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, we will require the following no later than midnight EST on the next business day following the day that the quote was produced:

- A copy of the quote and signed application;
- In the case of a non-registered application, a copy of the cheque for the full single premium.

All items must be received 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 10 calendar days of the date of the Request for Rate Guarantee.

Registered funds must be received by BMO Insurance within 45 calendar days of the date of the Request for Rate Guarantee.

If the funds are received by BMO Insurance more than 10 calendar days for non-registered funds or more than 45 days for registered funds 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 funds are received 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 figure or 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 funds are received 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.

8. 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? \square Yes \square 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
\square Specific date (dd/mmm/yyyy) (1st to the 28th only)
Payment Guaranteed Options: ☐ Years Months ☐ 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):
\square Level taxation (Prescribed Annuity) if applicable \square Accrual taxation
9. 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 unde Quebec law. For Quebec residents, if you wish this designation to be revocable, indicate so here:
In other provinces, beneficiaries are automatically revocable. If you would like your beneficiary to be designated irrevocable, indicate so here: \Box Irrevocable
10. Additional Information Required For a Non-Registered Contract
The following question must be completed if the premium is from a non-registered source.
Have you applied for or bought a life insurance policy within the last six months or do you intend to apply for one in the nex six months?
□ Yes □ No
If your answer is "Yes", please be advised that we will decline this application for a Single Premium Immediate Annuity and we will not issue an annuity policy. If you answer "No" and we determine your answer to not be true, we will not issue the annuity and we will exercise our right to rescind any annuity contract issued on the basis of the incorrect information provided in this application.

11. Special Requests/Comments/Additional Information					
	_				

12. Signatures/Declaration

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)
- You are a resident of Canada for income tax purposes (if not, we will not issue an annuity)
- If this application is not accepted by BMO Insurance, any monies received will be refunded.
- You may discuss any questions or concerns you may have with your Advisor or BMO Insurance. You understand that more information is available at www.bmoinsurance.com.

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 above terms and conditions. If you are signing on behalf of a corporation, please include your title.

Χ		
	Signature of Annuitant	Date (dd/mmm/yyyy)
Χ		
	Signature of Secondary Annuitant (if applicable)	Date (dd/mmm/yyyy)
Χ		
	Signature of Owner (if other than annuitant)	Date (dd/mmm/yyyy)
	Signed at (city/province)	Date (dd/mmm/yyyy)

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 Younge 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 (Government Issued Photo ID) Documentation ☐ Driver's License ☐ Passport ☐ Certificate of Canadian Citizenship ☐ Other specify _____ ☐ Provincial ID Document number: _ Country of Issue and Province: Date of Expiry: _____ B) Confirmation of Secondary Annuitant identification and age (if applicable) Approved (Government Issued Photo ID) Documentation ☐ Driver's License ☐ Passport ☐ Certificate of Canadian Citizenship ☐ Provincial ID ☐ Other specify _____ Document number: _____ Date of Expiry: _____ Country of Issue and Province: _____ If the funds used are non-registered you must submit the following additional form(s) with this application. FORM NAME FORM # REQUIREMENT Verification of Identity and Third Party Determination 576E Must be submitted with all applications if funds used are non-registered. Must be submitted with all applications if funds used are non-registered AND if a Politically Exposed Persons Questionnaire 420E deposit of \$100,000 or more will be made or has been illustrated. Must be submitted with all applications if funds are non-registered and the Policy Declaration of Tax Residence for Individuals **RC518E** Owner is an individual. Must be submitted with all applications if funds are non-registered and the Policy Declaration of Tax Residence for Entities RC519E Owner is an Entity. **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 (please attach copies of original documents with this application). By signing here, I also confirm that I have disclosed to the Policy Owner(s): • the names of other companies that I currently represent; that I will receive compensation (such as commissions) for the sale of this product; that I may also receive additional compensation in the form of bonuses, conference programs or other incentives; any conflicts of interest that I may have with respect to this transaction. Signature of Advisor Date (dd/mmm/yyyy) Name of Advisor (Please Print) Advisor Code MGA Code

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