

## Application for Life Insurance

# insureNOW™ and insureNOW™ Plus

### Instructions:

- insureNOW** is a term insurance plan for clients aged 18 to 49, with premiums and life insurance coverage that end at age 65.
- insureNOW Plus** also provides a one-time payment of a portion of the death benefit up to age 65, in the event of a diagnosis of one of the covered critical illnesses, or if you become disabled (as defined in the policy contract) as a result of an accidental injury. The life insurance coverage is then reduced by the amount of the one-time payment and the premium payable to age 65 is adjusted.
- Extended Life Benefit** can be selected with either **insureNOW** or **insureNOW Plus**. This benefit reduces your life insurance coverage at age 65, and coverage continues for life, with no further premiums payable.
- Responses to Eligibility Questions and Health and Lifestyle Questions will determine whether you qualify to apply for coverage. No medical exam is required to apply.
- Applications are subject to review and approval by BMO Life Assurance Company.
- Plan Options – Sum Insured from \$50,000 to a maximum of \$250,000.

Benefits	insureNOW	insureNOW Plus – option 1	insureNOW Plus – option 2
Life Insurance	100% of Sum Insured	100% of Sum Insured	100% of Sum Insured
Critical Illness	n/a	50% of Sum Insured	25% of Sum Insured
Disability	n/a	15% of Sum Insured	7.5% of Sum Insured
Extended Life Benefit	25% of Sum Insured at age 65, lifetime coverage	25% of Sum Insured at age 65, lifetime coverage	25% of Sum Insured at age 65, lifetime coverage

### Section 1 Eligibility Questions

1. Are you a Permanent Resident of Canada for income tax purposes? Yes  No



**If you answered "NO" to question 1, you are not eligible for insureNOW plans. Do not proceed with this Application.**

**If you answer "YES" to any of questions 2-11, you are not eligible for insureNOW plans. Do not proceed with this Application.**

**Please consult with your advisor about the other insurance plans offered by BMO Insurance.**

2. Is this Insurance intended to replace or change any existing personal Life or Critical Illness Insurance (other than group insurance) with this or any other Company?
3. In the past two years, have you had an application for Life, Critical Illness or Disability insurance declined, postponed or modified?

### Section 2 Health and Lifestyle Eligibility Questions

4. Does your height and weight fall **outside** of the chart parameters listed below?

Height in Feet and Inches	Height in in CM	Maximum Weight in lbs	Maximum Weight in KG	Height in Feet and Inches	Height in in CM	Maximum Weight in lbs	Maximum Weight in KG
4 ft 8 in	142	174	79	5 ft 8 in	173	256	116
4 ft 9 in	145	180	82	5 ft 9 in	175	264	120
4 ft 10 in	147	186	85	5 ft 10 in	178	272	124
4 ft 11 in	150	193	88	5 ft 11 in	180	279	127
5 ft	152	199	90	6 ft	183	287	130
5ft 1 in	155	206	94	6 ft 1 in	185	295	134
5 ft 2 in	157	213	97	6 ft 2 in	188	304	138
5 ft 3 in	160	220	100	6 ft 3 in	191	312	142
5 ft 4 in	163	227	103	6 ft 4 in	193	320	145
5 ft 5 in	165	234	106	6 ft 5 in	196	329	150
5 ft 6 in	168	241	110	6 ft 6 in	198	337	153
5 ft 7 in	170	249	113				

5. In the past 10 years have you received any treatment, medical advice, been diagnosed with, required any follow up for or had any known indication of high blood pressure or high cholesterol?
6. Have you ever received any treatment, medical advice, been diagnosed with, required any follow up for or had any known indication of:
- a) Stroke or TIA (transient ischemic attack), coronary artery disease, cardiovascular disease, heart attack, heart surgery or any other cerebrovascular disease or abnormal ECG?
- b) Diabetes?
- c) Cancer or other malignant disease, tumour, irregular shaped moles or lesions, colon polyps or any other growth not yet investigated?

- d) Breast disease or disorder, breast mass, breast cyst, abnormal mammogram or breast biopsy results, or prostate disorder, prostate nodule or abnormal PSA or ultrasound results? Yes  No
- e) AIDS, HIV, persistent enlarged lymph nodes, blood disorder or any immunological disorder?
- f) Hepatitis B or C (including hepatitis B carrier state), or abnormal liver function tests?
- g) Rheumatoid arthritis, multiple sclerosis, paralysis or any other neurological condition affecting the central nervous system?
- h) Major depression, suicide attempt, bipolar disorder or schizophrenia?
7. a) In the last 5 years have you had any medical conditions for which you have been or are being investigated, under observation or treated for, or for which you are currently awaiting investigation(s) or test results? (Excludes normal pregnancy, cold, flu or investigations for minor sprains and strains.)
- b) Do you have any symptoms or complaints, including persistent or undiagnosed pain, shortness of breath, dizziness, numbness, loss of balance, rectal bleeding, lump or mass (not just specific to the breast), prostate or any other problems regarding your health for which you have not yet consulted a physician or received treatment?
8. a) In the last 5 years have you been treated for or joined or been advised to join an organization due to alcohol or drug use?
- b) In the last 7 years, have you used cocaine, heroin, LSD, hallucinogens, amphetamines, narcotics, barbiturates, tranquilizers or any habit forming drugs not prescribed by a physician?
- c) In the last 12 months have you used marijuana or hashish more than once a month up to a maximum of 12 times?
9. In the last 2 years have you participated in any hazardous sport or activity such as mountain climbing to more than 15,000 feet, scuba diving to depths greater than 100 feet, back country or heli-skiing, sky diving, bungee jumping, parachuting, or motor vehicle racing?
10. In the last 5 years has your driver's license been suspended or have you been charged with impaired driving, refusing a breathalyser test, careless driving, careless driving causing an accident, or speeding more than 40 km per hour over the posted limit?
11. Are you currently receiving social assistance or do you work in any of the following occupations: mining; steeplejack, blaster or explosive handler; bridge worker, structural steel worker or iron worker; offshore oil worker; professional diver; foreign aid worker, foreign journalist, diplomat; logging worker as a blaster, explosives handler, boomman, high climber, raftsman, rigger, river driver or topman; military personnel; or foreign worker?



**If you have answered "YES" to question 1 and "NO" to questions 2-11, you are eligible for insureNOW, subject to a final review and approval by BMO Life Assurance Company.**

**You are also eligible to apply for insureNOW Plus, by answering question 12.**

12. Prior to their age 60, have 2 or more of your immediate and natural family members (mother, father, brother or sister) been diagnosed with or treated for High Cholesterol, Heart Disease, Heart Surgery, Aneurysm, Stroke, Cancer, Type 1 Diabetes, Polycystic Kidney Disease, Huntington's Chorea, Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease), Multiple Sclerosis, or Motor Neuron Disease? Yes  No



**If you have answered "YES" to question 12, you are not eligible for insureNOW Plus.**

### Section 3 Personal Information

Proposed Life Insured (The Proposed Life Insured is the Owner of the policy.)

Legal Name (first, middle initial, last)		Maiden Name (if applicable)	
Date of Birth (dd/mmm/yyyy)	Age	Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of Birth (Country) (If Canada, indicate Province)
Address		Phone Number	
City	Province	Postal Code	

**Smoker Status** In the last 12 months, have you used any form of tobacco, including marijuana or hashish (except an average of one large cigar a month), nicotine products, or nicotine substitutes?  Yes  No

I request that the policy applied for be issued in:  English  French

### Section 4 Verification of Identity

For the Proposed Life Insured, select one (1) appropriate form of valid government issued identification to verify the identity of the individual paying the premium. Photo ID - e.g., Passport, Driver's Licence, Provincial Health Card (except in Manitoba, Ontario and PEI)

	Type of Document (Photo ID)	Document #	Place of Issue	Expiry Date (dd/mmm/yyyy)
<b>Proposed Life Insured</b>				

**Section 5 Plan Details** – The type and amount of coverage being applied for.

5.1 **Sum Insured** \$  (\$50,000 to a maximum of \$250,000)

5.2  **insureNOW** **OR**  **insureNOW Plus\*** – **If you have selected insureNOW Plus, choose one of the following two options:**

**Option 1** (provides a one-time payment of **either** 50% of Sum Insured on diagnosis of Critical Illness, **or** 15% of Sum Insured for Disability from Accidental Injury),

**or**

**Option 2** (provides a one-time payment of **either** 25% of Sum Insured on diagnosis of Critical Illness, **or** 7.5% of Sum Insured for Disability from Accidental Injury).

\* A Moratorium Period Exclusion applies to Cancer coverage. No benefit will be payable if the Life Insured has any signs, symptoms or investigations that lead to a Diagnosis of Cancer regardless of when the diagnosis is made, or if a Diagnosis of Cancer is made within the first 90 days following the policy issue date. Refer to specimen policy wording for complete Critical Illness and Accidental Disability Benefit provisions, limitations and exclusions.

5.3  **Add Extended Life Benefit to insureNOW or to insureNOW Plus** - after age 65, Extended Life Benefit provides a reduced amount of life insurance coverage, with no further premiums payable. Coverage will be reduced to 25% of the Sum Insured that is in force on the Policy Anniversary the Life Insured reaches attained insurance age 65.

Special Instructions

**Section 6 Beneficiary**

Identify the person(s) who you wish to receive the Death Benefit. The Living Benefit option (if applicable) will be paid to the Life Insured.

**Estate as Beneficiary**

- If you designate "Estate" as Beneficiary, please ensure you have a Will with a named Executor as this will be required to process any death claim. If this does not meet your needs, please designate a named beneficiary.

**Irrevocable/Revocable Beneficiaries**

- In all provinces except Quebec, Primary Beneficiaries are revocable unless otherwise stated.
- In Quebec, if a married or civil union spouse is named beneficiary the designation is irrevocable unless otherwise stated.
- **A minor should not be named as an irrevocable beneficiary.** A minor irrevocable beneficiary cannot consent to change of beneficiary and a parent or guardian may not sign on behalf of a minor child for this purpose.

**Minors**

- Outside Quebec, you should name a Trustee to receive the benefits while the beneficiary is still a minor.
- *In Quebec, the benefits will be paid to the parents(s) or a tutor duly appointed in law.*

Legal Name (first, middle initial, last)	Relationship to Proposed Life Insured/Owner	Date of Birth for Minor Beneficiary (dd/mmm/yyyy)	Trustee name/Administrator	Percentage Share (%)
	Estate			%
	Spouse <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			%
	Child <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			%
	Child <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			%
	Child <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			%
	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			%
<b>Total</b>				<b>100%</b>

**Section 7 Payment Information** – the frequency and method of premium payments. All payments must be in Canadian funds, drawn on a Canadian financial institution and be payable to BMO Life Assurance Company.

**7.1 Frequency of payments** – select one only

- Annually by cheque
- Monthly by pre-authorized cheque (PAC) (Complete Section 7.2)
- Monthly by pre-authorized cheque (PAC) including initial premium withdrawal. Upon approval of this application, BMO Insurance will commence withdrawals beginning with the initial premium for this policy. (Complete Section 7.2)

Withdrawal Day (choose from the 1st to the 28th)

**7.2 Authorization for Pre-Authorized Cheque (PAC)**

I would like to set up my PAC Agreement in the following manner:

- Create new PAC Agreement using either:
  - The Account information on the first cheque provided with this application; or
  - The Account information shown on VOID cheque attached; or
  - A bank Letter of Direction.  
(a line of credit account cannot be used)

Add to existing PAC Agreement – BMO Insurance Policy #:

I authorize BMO Life Assurance Company (BMO Insurance) to at any time begin deductions as per my instructions for monthly recurring premiums as payment for the insurance coverage applied for in this Application.

1. I agree that, for the purpose of this agreement, all pre-authorized debits from my account will be treated as Personal.
2. **I waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of withdrawal.**
3. This authorization may be cancelled at any time upon BMO Insurance's receipt of written notice by me.
4. Any cancellation of this pre-authorized withdrawal will not affect the agreement between me and BMO Insurance whatsoever with respect to any insurance coverage so long as payment is provided by an alternate acceptable method.
5. I certify that all persons whose signatures are required to sign on this account have signed below, including any required joint account holder.
6. I understand and agree that if a pre-authorized payment is returned due to non-sufficient funds, BMO Insurance is authorized to retry the payment within ten (10) business days.
7. I am aware that certain recourse rights exist in the event that a debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. I may obtain a sample cancellation form or more information on my right to cancel this Authorization by contacting BMO Insurance or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Date Signed

Signature(s) (all persons whose signatures are required to sign on this account)  
**X**

**7.3 Credit Card Authorizations - PLEASE PRINT - CREDIT CARD AUTHORIZATION (FOR FIRST ANNUAL PAYMENT ONLY)**

Proposed Life Insured's Name

Master Card     Visa       

I authorize BMO Life Assurance Company (BMO Insurance) in the event my application for insurance is approved by BMO Insurance, to charge \$  to the above account in respect of this Application for Insurance.

Upon receipt of this form, BMO Insurance will request necessary authorization from the issuer of your credit card. If necessary authorization is obtained from the issuer, your account will be debited accordingly. Payment to BMO Insurance by the issuer pursuant to the above will constitute and represent "an amount paid" and, as such, is governed by the provisions of your Application.

Date

Signature  
**X**

Cardholder's Name

(please print – must be the Proposed Life Insured)

## Section 8 Representations, Acknowledgements, Authorizations and Signature

### Representations, Acknowledgements and Signatures

I, the undersigned, consent to the issue of a policy based on this Application for insurance (Application) and confirm that the declaration made below is complete and true: and I,

1. Confirm that the statements and answers in this Application, and in any documents which by Agreement form part of this Application, are complete and true and correctly recorded.
2. Agree that such statements and answers shall form part of any policy, if issued. I understand that any false, incomplete or misleading statement or answer on my part shall render any policy issued by BMO Life Assurance Company (BMO Insurance) voidable.
3. Agree that the insurance applied for shall take effect only if and when:
  - a) this Application is approved by BMO Insurance subject to any endorsements, and
  - b) the premium is paid, in full, on delivery of the policy, and
  - c) answers and statements in this Application continue to be complete and true at the time of acceptance of the Policy.
4. Agree that acceptance of any policy issued on this Application constitutes approval of the provisions of the policy and ratification of any additions or endorsements or amendments.
5. Authorize any health care professional, hospital, public or private health or social services establishment, or other medical or medically related facility, any insurance company, advisor or broker, any financial institution, other organization, institution or person that has any records or knowledge of me or my health, to provide to and exchange with BMO Insurance, or its reinsurers, all such information and records.
6. Authorize BMO Insurance or any personal information agents, third party investigation agencies or organizations hired by BMO Insurance to acquire information about me for the appraisal of the risk or the evaluation of a claim. I acknowledge receipt of the BMO Insurance Privacy and Confidentiality Notice.
7. Authorize BMO Insurance to exchange the personal information obtained during my Application, or claim made under the policy issued on this Application with BMO Insurance's advisors, brokers or its affiliates and reinsurers. I further authorize BMO Insurance and its reinsurers to include this personal information in any other files, which they currently hold respecting me, or which may be opened in the future. I also authorize BMO Insurance and its reinsurers to refer to any existing files, opened or closed which they currently hold regarding me.
8. I consent to BMO Insurance releasing the results of any personal information gathered about me to its reinsurers, if involved in the appraisal of risk or the evaluation of claims, and to inquire of them for the appraisal of the risk or the evaluation of a claim.
9. Declare that the person or firm advising me on the purchase of this product has provided me with written materials advising: about the company(s) they currently represent; that they receive compensation (such as commissions) for the sale of life and health insurance products; that they may receive additional compensation in the form of bonuses, conference programs or other incentives; of any conflicts of interest they may have with respect to this transaction.

**Insurance is a contract based on trust. Failure to fully disclose facts material to this Application for Insurance can render the contract void.**

### Policy Language

Do you understand the language in which this Application for Insurance is written?  Yes  No

**If No**, have the details of this Application been fully explained to you in your preferred language and are they completely understood?  Yes  No

**If No, please do not proceed with this application.**

**If Yes**, please describe the steps that were taken to ensure you understood the questions and authorizations in this Application for insurance.

The insurance policy you applied for will only be issued in one of Canada's official languages (English or French, as requested).

It is your responsibility to take measures to fully understand the terms and conditions of the policy contract.

I, the undersigned, confirm that I have read and understood the foregoing Representations, Acknowledgements and Authorizations.

**Signature** Signed at  this  day of , 20 .

Proposed Life Insured   (The Proposed Life Insured is the Owner of the policy)

Witness   Name of Witness (if not Advisor)



**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  
[www.bmoinsurance.com](http://www.bmoinsurance.com)

©Registered trade-mark of Bank of Montreal, used under licence.

## Section 9 Advisor Report

### 9.1 General Information

1. Relationship to the Proposed Life Insured? If related:  Spouse  Parent  Child/Dependent  Sibling  Other
2. Who solicited this Application?  Advisor  Proposed Life Insured
3. Did you personally meet with the Proposed Life Insured?  Yes  No

### 9.2 Advisor Certification

The foregoing answers are correct to the best of my knowledge. By signing here I confirm that I am the soliciting Advisor and I am duly licensed to write this Application in the jurisdiction where the transaction occurred. I confirm that at the time of the application I met with the Proposed Life Insured, and that I have personally seen the original valid government issued document presented by the Proposed Life Insured for identification purposes. I also confirm that I have provided an Advisor Disclosure Statement to the Proposed Life Insured, advising:

- about the company(s) that I currently represent;
- that I receive compensation (such as commissions) for the sale of life and health insurance products;
- that I may receive additional compensation in the form of bonuses, conference programs or other incentives; or
- of any conflicts of interest I may have with respect to this transaction.

Soliciting Advisor's Name (please print)

Soliciting Advisor's Signature

Date (dd/mmm/yyyy)

### 9.3 Advisor Information

Full Name (please print) (Servicing Advisor)

Advisor Code No.

Percentage Split

%

Print name of MGA

MGA code#

Full Name (please print)

Advisor Code No.

Percentage Split

%

Print name of MGA

MGA code#



#### 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

[www.bmoinsurance.com/advisor](http://www.bmoinsurance.com/advisor)

©Registered trade-mark of Bank of Montreal, used under licence.

## Section 10 Legal Information *Please detach and give to Proposed Life Insured*

### DISCLOSURE STATEMENT

The transaction represented by this Application is between the applicant and BMO Life Assurance Company (BMO Insurance). The Advisor soliciting this insurance Application is an independent contractor and the person or firm advising you on the purchase of this product has provided you with written materials advising: about the company(s) they currently represent; that they receive compensation (such as commissions) for the sale of life and health insurance products; that they may receive additional compensation in the form of bonuses, conference programs or other incentives; of any conflicts of interest they may have with respect to this transaction. The applicant is not obligated to transact any other business with BMO Insurance as a condition of the Application.

### BMO Insurance PRIVACY AND CONFIDENTIALITY NOTICE

BMO Life Assurance Company (BMO Insurance) has requested personal information in respect of your Application for insurance. BMO Insurance will use this information and information in its existing files to assess risk, process your application, administer any policy, if issued, and to investigate claims. BMO Insurance will also use and collect additional information from third parties to evaluate and investigate claims. BMO Insurance will keep your information in a file in its offices and will not disclose the information in that file except to those BMO Insurance employees, agents, its affiliates, administrators or reinsurers who need access to assess risk and investigate claims. From time to time, BMO Insurance may wish to offer you upgrades to your coverage and additional products and services. You may ask us not to make these offers to you by writing to our Privacy Officer at the address below. You may also request, upon presentation of proper identification and proof of entitlement, to review and if appropriate, correct, your personal information in our possession by writing to:

**Privacy Officer, BMO Life Assurance Company**

**60 Yonge Street, Toronto, Ontario, Canada M5E 1H5**