

# BMO Guaranteed Investment Funds

## Application

### Used 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, 9<sup>th</sup> Floor,  
Toronto, ON M5B 2M8

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592E (2017/07/01)

Dealer/Intermediary Account # (if available)	
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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 send the original form to BMO Insurance, BMO GIF Administrative and Services Office, 250 Yonge Street, 9<sup>th</sup> Floor Toronto, ON M5B 2M8  
**All changes must be initialled by ALL Policyowners signing this application.**

## 1. Contract Type (Please check one)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Non-registered Individual               | <input type="checkbox"/> Locked-in Retirement Account (LIRA)**      | <input type="checkbox"/> Life Income Fund (LIF)**                   |
| <input checked="" type="checkbox"/> Non-registered Joint         | <input type="checkbox"/> Locked-in Retirement Savings Plan (LRSP)** | <input type="checkbox"/> Restricted Life Income Fund (RLIF)**       |
| <input type="checkbox"/> Non-registered Corporate/Non-Individual | <input type="checkbox"/> Restricted Locked-in Savings Plan (RLSP)** | <input type="checkbox"/> Locked-in Retirement Income Fund (LRIF)**  |
| <input type="checkbox"/> Retirement Savings Plan (RSP)*          | <input type="checkbox"/> Retirement Income Fund (RIF)*              | <input type="checkbox"/> Prescribed Retirement Income Fund (PRIF)** |
| <input type="checkbox"/> Spousal Retirement Savings Plan (SRSP)* | <input type="checkbox"/> Spousal Retirement Income Fund (SRIF)*     |   |

**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](http://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 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 <b>SMITH, JOHN</b>			
Address <b>123 ABC RD</b>	City <b>TORONTO</b>	Province <b>ON</b>	Postal Code <b>M2B 3T8</b>
Telephone Number <b>(555) 555-5555</b>	Date of Birth (dd/mm/yyyy) <b>13/12/1961</b>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Language <input checked="" type="checkbox"/> E <input type="checkbox"/> F
Occupation <b>RETIRED</b>	SIN # <b>111 111 118</b>		
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 checked="" type="checkbox"/> No			

If Policyowner is a corporation, provide Business numbers:

Federal	Quebec (NEQ)	Nature of Business
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## 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) <b>SMITH, DOLORES</b>		Occupation <b>RETIRED</b>	
Address <input checked="" type="checkbox"/> <b>123 ABC RD</b>	City <b>TORONTO</b>	Province <b>ON</b>	Postal Code <b>M2B 3T8</b>
Telephone Number <b>(555) 555-5555</b>	Date of Birth (dd/mm/yyyy) <b>06/02/1962</b>	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Language <input checked="" type="checkbox"/> E <input type="checkbox"/> F
		SIN # <b>111 111 118</b>	

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	City	Province	Postal Code
<input type="checkbox"/> Address same as Owner			
Telephone Number ( )	Date of Birth (dd/mm/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Language <input type="checkbox"/> E <input type="checkbox"/> 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)
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**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) SMITH, DOLORES	Date of Birth (dd/mm/yyyy) 06/02/1962
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**8. Spousal Information** (Complete if this application is for a Spousal RSP or Spousal RIF Contract)

Spousal RSP  Spousal RIF (complete if contains spousal money)

Spousal Contributor's Name (Last, First, Initial)	SIN #		
	Date of Birth (dd/mm/yyyy)		
Address	City	Province	Postal Code
<input type="checkbox"/> Address same as Owner			
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Language <input type="checkbox"/> E <input type="checkbox"/> 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.

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. ANNE SMITH	CHILD	100.000
2.		
Beneficiary Name: Contingent		Total % 100
1.		
2.		
Trustee for minors (not available in Quebec)		Total % 0

\_\_\_\_\_ (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)
2311	3.000	\$200,000.00	N						

Method of Payment - Please make cheque payable to **BMO Life Assurance Company** (250 Yonge Street, 9th Floor, Toronto, ON M5B 2M8)

Personal Cheque (must be precoded) DOLORES AND JOHN SMITH	\$ 200,000.00
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External Transfer (attach cheque and copy of T2033, T2030 or other appropriate transfer documents)

Name of Institution	\$	Name of Institution	\$
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Internal BMO Insurance Transfer (attach cheque and appropriate transfer documents)

XXXXXXXXXX

Name of Institution	\$	Name of Institution	\$
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**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)

<input type="checkbox"/> <input type="checkbox"/> Employment Income	<input type="checkbox"/> <input type="checkbox"/> Gift	<input type="checkbox"/> <input type="checkbox"/> Grants/Scholarships	<input type="checkbox"/> <input type="checkbox"/> Insurance Claim Payments
<input type="checkbox"/> <input type="checkbox"/> Investment income/Savings	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Retirement/Pension Income	<input type="checkbox"/> <input type="checkbox"/> Sale of Assets	<input type="checkbox"/> <input type="checkbox"/> Trust/Inheritance
<input type="checkbox"/> <input type="checkbox"/> Lottery Winnings	<input type="checkbox"/> <input type="checkbox"/> Self-Employment Income	<input type="checkbox"/> <input type="checkbox"/> Corporate	<input type="checkbox"/> <input type="checkbox"/> Loan
<input type="checkbox"/> <input type="checkbox"/> Proceeds from a legal case or action		<input type="checkbox"/> <input type="checkbox"/> Other: _____	<input type="checkbox"/> <input type="checkbox"/> Other: _____

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

**Purpose of Policy (must be completed)**

<input type="checkbox"/> Savings	<input checked="" type="checkbox"/> Retirement	<input type="checkbox"/> Education	<input type="checkbox"/> Estate Planning
<input type="checkbox"/> Charitable Donation	<input type="checkbox"/> Income/Family Protection	<input type="checkbox"/> 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).

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

Month/Year to start

Date of deposit (1st to 28th)

Fund Code	Sales Charge %	Deposit Amount (\$)	Fund Code	Sales Charge %	Deposit Amount (\$)

**A personalized VOID Specimen Cheque must be attached.**

**Pre-Authorized Debit (PAD) Agreement**

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 [www.cdnpay.ca](http://www.cdnpay.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 [www.cdnpay.ca](http://www.cdnpay.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)	Signature of Second Payor (Account Holder), if any.

**12. Dollar Cost Averaging (DCA)** (Available only for non-registered, RSP and SRSP Contracts)

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)

Month/Year to start

Day 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, RLIF 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)

Month/Year to start

Date of withdrawal (1st to 28th)

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

**A personalized VOID Specimen Cheque 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 [X] No
If 'yes', on Form 576E complete Section 1 Verification of Identity, Section 3 Business Activity Questionnaire, Section 4 Advisor Certification and Section 5 Beneficial Ownership Attestation; also complete Declaration of Tax Residency for Entities Form RC519.
If 'no', please complete the following section.

Policyowner Information: Which Government issued Photo ID is used to verify identity?

Document Type: [X] Driver's license [ ] Passport [ ] Canadian Citizenship Card
[ ] Provincial ID [ ] Provincial Health Card (not accepted in Ontario, Manitoba, PEI, Nova Scotia)

Number: z95279436817326212
Country of Issue and Province/State of Issue: ONTARIO
Expiry Date: 02/02/2018

Joint Owner Information: Which Government issued Photo ID is used to verify identity?

Document Type: [ ] Driver's license [X] Passport [ ] Canadian Citizenship Card
[ ] Provincial ID [ ] Provincial Health Card (not accepted in Ontario, Manitoba, PEI, Nova Scotia)

Number: EQ953448646
Country of Issue and Province/State of Issue: CANADA
Expiry Date: 12/01/2021

(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 [X] No If 'yes', please attach completed Section 2 Third Party Determination and Section 4 Advisor Certification on Form 576E.

(3) Politically Exposed Persons (PEP)

Is the Contract type non-registered and is the deposit \$100,000 or more? [X] 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? [X] Yes [ ] No
If "yes", are you a resident or a Citizen of the United States? [ ] Yes - TIN (Tax Identification Number) [X] No
Are you a resident of any other country other than Canada or the U.S? [X] No [ ] Yes - Country \_\_\_\_\_ TIN \_\_\_\_\_

15. Authorization and Signatures

The Policy Provisions and Information Folder contain important information and should be read before investing.
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 2 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.
• 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): ONTARIO
Date: 02/06/2017
Policyowner Signature: SIGNATURE REQUIRED
Joint Owner or Successor Owner/Subrogated Policyowner Signature: SIGNATURE REQUIRED
Annuitant Signature, if other than Owner
Successor Annuitant Signature, if other than Owner

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): DOE, JOHN
Contact information (Telephone, e-mail): (555) 555-5523, JOHNDOE@ADVISOR.COM
Dealer/Agency Code: 1111
Advisor Code: 2222
Signature of Advisor: SIGNATURE REQUIRED
Date: 02/06/2017

Notes/Special Instructions - Advisor's remarks \_\_\_\_\_

## FUND CODES AND INSTRUCTIONS

### Lump Sum Deposits, Deposits by PAD, DCA and SWPs

Please select from the following fund codes:

#### GIF 75/75

<b>Fund Names</b>	<b>Front-End Load</b>	<b>Class A Deferred Sales Charge</b>	<b>No-Load</b>
Fixed Income ETF Portfolio	BLA2011	BLA2021	BLA2001
Income ETF Portfolio	BLA2111	BLA2121	BLA2101
Conservative ETF Portfolio	BLA2211	BLA2221	BLA2201
Balanced ETF Portfolio	BLA2311	BLA2321	BLA2301
Growth ETF Portfolio	BLA2411	BLA2421	BLA2401
Equity Growth ETF Portfolio	BLA2511	BLA2521	BLA2501
Low Volatility U.S. Equity ETF	BLA2611	BLA2621	BLA2601
Low Volatility Canadian Equity ETF	BLA2711	BLA2721	BLA2701
Monthly Income	BLA2911	BLA2921	BLA2901
Money Market	BLA2811	BLA2821	BLA2801

#### GIF 75/100

<b>Fund Names</b>	<b>Front-End Load</b>	<b>Class A Deferred Sales Charge</b>	<b>No-Load</b>
Fixed Income ETF Portfolio	BLA1011	BLA1021	BLA1001
Income ETF Portfolio	BLA1111	BLA1121	BLA1101
Conservative ETF Portfolio	BLA1211	BLA1221	BLA1201
Balanced ETF Portfolio	BLA1311	BLA1321	BLA1301
Growth ETF Portfolio	BLA1411	BLA1421	BLA1401
Equity Growth ETF Portfolio	BLA1511	BLA1521	BLA1501
Low Volatility U.S. Equity ETF	BLA1611	BLA1621	BLA1601
Low Volatility Canadian Equity ETF	BLA1711	BLA1721	BLA1701
Monthly Income	BLA1911	BLA1921	BLA1901
Money Market	BLA1811	BLA1821	BLA1801

#### GIF 100/100

<b>Fund Names</b>	<b>Front-End Load</b>	<b>Class A* Deferred Sales Charge</b>	<b>No-Load</b>
U.S. Balanced Growth	BLA111	BLA121	BLA101
Canadian Balanced Growth	BLA211	BLA221	BLA201
North American Income Strategy	BLA311	BLA321	BLA301
Canadian Income Strategy	BLA411	BLA421	BLA401
Conservative ETF Portfolio	BLA5011	BLA5021	BLA5001
Balanced ETF Portfolio	BLA5111	BLA5121	BLA5101
Monthly Income	BLA5211	BLA5221	BLA5201
Money Market	BLA511	BLA521	BLA501

\* For GIF 100/100 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.

**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, 9<sup>th</sup> 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](http://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](http://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.

## Politically Exposed Persons Questionnaire

This form must be completed whenever 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 or a Guaranteed Investment Fund.

Policy Owner(s) Name: JOHN SMITH AND DOLORES SMITH Application No./Policy No.: \_\_\_\_\_

In this form,

- (a) ***"politically exposed persons include family members and their close associates"*** 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) Name: JOHN SMITH AND DOLORES SMITH Application No./Policy No.: \_\_\_\_\_

In respect of this application or policy, has the applicant/owner 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 and C.**

**Section A**

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? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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)		

**Section B**

**Source of Funds (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 style="width:100%;" type="text"/>	

**Section C**

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.

**Signatures**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Owner	<input checked="" type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">SIGNATURE REQUIRED</span>	(If company-owned, 2 signatures and titles, or 1 signature and the corporate seal)
Owner	<input checked="" type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">SIGNATURE REQUIRED</span>	
Payor	<input checked="" type="checkbox"/> _____	
Advisor	<input checked="" type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">SIGNATURE REQUIRED</span>	
Witness	<input checked="" type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">SIGNATURE REQUIRED</span>	

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