

# BMO Guaranteed Investment Funds

TFSA

## Application for:

• Tax-free Savings Account (TFSA)

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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642E (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)**.

# TFSA Application - BMO Guaranteed Investment Funds

Please send the original form to BMO Insurance, BMO GIF Administrative and Services Office, 250 Yonge Street, 9th Floor Toronto, ON M5B 2M8  
**All changes must be initialed by ALL Policyowners signing this application.**

## 1. Policyowner/Annuitant Information

The Policyowner is also the Annuitant under the Contract (referred to as "holder" in the *Income Tax Act* (Canada)). The Policyowner must be at least age 18 or 19 (N.S., N.L., N.B., B.C.) and be a Canadian resident at the time the application is completed.

Name (Last, First, Initial) MOSS, ANGELA			
Address 59 TOWNSHIP CRT	City TORONTO	Province ON	Postal Code M4N 2G3
Telephone Number (555) 555-5555	Date of Birth (dd/mm/yyyy) 22/11/1987	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Language <input checked="" type="checkbox"/> E <input type="checkbox"/> F
Occupation IT SECURITY		SIN # 111 111 118	

## 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. Successor Annuitant

You may designate a Successor Annuitant ("Successor Holder" under the *Income Tax Act* (Canada)) who will, after your death, become the Policyowner and Annuitant of this TFSA Contract. The person you designate must be your spouse or common-law partner as defined under the *Income Tax Act* and will become the Successor Annuitant only if this person is your spouse or common-law partner at the time of your death. If a Successor Annuitant is designated, no death benefit is payable on your death and this Contract will continue.

Name (Last, First, Initial)			
Address <input type="checkbox"/> Address same as Owner	City	Province	Postal Code
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 #	

#### 4. Beneficiary

In the event that the Successor Annuitant designated by you in Section 3 dies before you, is not your spouse at the time of your death, or where you have not named a Successor Annuitant in Section 3, you hereby designate the following person as your designated Beneficiary entitled to the death benefit of this Contract at your death.

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. PTER MOSS	PARENT	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.

#### 5. 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)
1311	5.000	\$10,000.00		

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

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) ANGELA MOSS	\$ 10,000.00
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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)

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 checked="" 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 type="checkbox"/> <input 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)

Savings  Retirement  Education  Estate Planning  Charitable Donation  Income/Family Protection

Other \_\_\_\_\_

XXXXXXXXXX

**6. Deposit by PAD** – Also known as “PAC”

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).

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 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.

**7. Dollar Cost Averaging (DCA)**

Yes  No

**(If yes, funds in Section 5 must be deposited to the BMO Money Market GIF for the GIF Guarantee Option selected.)**

DCA 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.

**8. Scheduled Withdrawal Plan (SWP)**

List the fund code(s) for the funds you have chosen. **The minimum SWP amount is \$100 per fund.**

The gross withdrawal is the net withdrawal plus taxes and fees withheld (default is Gross if no selection is made).

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.**

**9. Identity Verification**

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

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

Number GC257862	Country of Issue and Province/State of Issue CANADA	Expiry Date 22/11/2020
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**Successor Annuitant Information\*:** Which Government issued Photo ID is used to verify identity?

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

Number	Country of Issue and Province/State of Issue	Expiry Date
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\* If appointed in Section 3.

**10. Authorization and Signatures**

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

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 a Successor Annuitant who is different from Policyowner(s).** By signing below, I, the Successor Annuitant, consent to be the measuring life in this annuity.

Signed at (Province) ONTARIO	Date 31/01/2017
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Policyowner Signature <b>SIGNATURE REQUIRED</b>	Successor Annuitant Signature, if appointed in Section 3
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**11. 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 Successor Annuitant (if appointed in Section 3), 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) 223-2354, JOHNDOE@ADVISOR.COM
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Dealer/Agency Code 1111	Advisor Code 2222	Signature of Advisor <b>SIGNATURE REQUIRED</b>	Date 31/01/2017
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**Notes/Special Instructions - Advisor's remarks**

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## 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 10 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;
- you have expressly requested that we file an election to register your Contract as a Tax-free Savings Account under the Income Tax Act (Canada). You agree that the Contract will contain an endorsement containing the provisions required under the Income Tax Act (Canada);
- 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.