

DECLARATION OF INSURABILITY

(to be completed by Life Insured)

Na	me:Policy No.:	
I, _	, declare that since,	, the
da	date I made the application to BMO Life Assurance Company (BMO Insurance),	
1)	There has been no change in my health;	
2)	There has been no change in my occupation;	
3)	There has been no change in my smoking habit - please indicate: non-smoker smoker;	
4)	There has been no change in my foreign travel activities;	
5)	I have not engaged in aviation activities, hazardous sports, avocations or hobbies nor expect to do so;	
6)	I have not made an application for insurance which has been rated, postponed, declined or modified in any way.	
	there are exceptions to any of the above, please return this policy to Head Office and provide full details in the spovided or on a separate sheet of paper.	oace
Ex	ception:	
	ereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to B surance, and they shall be of the same effect as if contained in the original application.	MO®
Da	ted at day of 20	
	Witness Life Insured	
	Witness Life Insured	