

**DECLARATION OF LOSS OF POLICY** 

- Use this form to advise BMO Life Assurance Company (BMO Insurance) that your policy has been lost or destroyed and to request a duplicate policy.
- If the policy is assigned as collateral, a duplicate policy CANNOT be provided to the Assignee.
- If a duplicate policy cannot be reproduced, a summary will be provided.

Section A – Policy Information
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We reserve the right	t to charge an administration fee of \$50 related to this request.		
Section A - Policy Information			
Policy Number	Name of Policy Owner	Date of Birth (dd/mmm/yyyy)	
Name of Life Insured		Date of Birth (dd/mmm/yyyy)	
Section B – Reque	st for a duplicate policy		
Please choose one	of the following options:		
$\square$ I/We certify that	the policy has been lost or destroyed and request the issua	nce of a duplicate policy.	
Please send a po	licy summary.		
Section C – Signat	ures		
By signing below:			
•	e policy is found, the duplicate copy will be returned to BMO L copy of the policy issued is not intended to create any new or	,	
Signature of Policy Owner	#1 and Title (if applicable)	Date (dd/mmm/yyyy)	
X			
Signature of Policy Owner	#2 and Title (if applicable)	Date (dd/mmm/yyyy)	
X			
Signature of Witness		Date (dd/mmm/yyyy)	