

BMO Guaranteed Investment Funds

Nominee

Application 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, 9th Floor,
Toronto, ON M5B 2M8

®Registered trade-mark of Bank of Montreal, used under licence.
589E (2017/07/01)

Dealer/Intermediary Account # (if available)	
--	--

In this application, the terms “you” and “your” refer to the Beneficial Owner or Policyowner. The terms “we”, “our” and “us” refer to **BMO Life Assurance Company (BMO Insurance)**.

Nominee 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 initialled by ALL Beneficial Owners or Policyowners signing this application.

1. Contract Type (Please check one) A contract held in nominee name will be non-registered at BMO Insurance.

- | | | |
|--|---|---|
| <input type="checkbox"/> Non-registered Individual | <input type="checkbox"/> Locked-in Retirement Account (LIRA) | <input type="checkbox"/> Life Income Fund (LIF) |
| <input 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 checked="" 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) | <input type="checkbox"/> TFSA |

For locked-in income plans, provide the jurisdiction of the pension plan registration: _____

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 24 (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. Nominee/Trustee Information

For nominee registered contracts, the Trustee of the nominee registered plan has Policyowner rights under the Contract. The Trustee or the Agent for the Trustee holds the Contract in trust for the Beneficial Owner. For non-registered contracts, the Beneficial Owner (also known as Policyowner) has Policyowner rights under the Contract.

Nominee/Intermediary name BMO NESBITT BURNS	Intermediary code (if different from Dealer)
Dealer name (if different from Nominee)	Dealer code
Trustee name (registered plans only) BMO NESBITT BURNS	

4. Beneficial Owner Information (For a nominee registered contract, the Beneficial Owner is also the Annuitant)

The Beneficial Owner 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 BEAUCHAMP, PETER		Occupation UBER DRIVER	
Address 123 BEACH AVE		City TORONTO	Province ON
		Postal Code M2B 3C9	
Telephone Number (647) 112-5387	Date of Birth (dd/mm/yyyy) 20/04/1984	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Language <input checked="" type="checkbox"/> E <input type="checkbox"/> F
		SIN # 111 111 118	
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			
Business Number for Corporate Policyowner: Federal	Quebec (NEQ)	Nature of Business	

5. Joint Owner Information (Non-registered nominee contracts only)

The Joint Owner must be a Canadian resident at the time the application is completed.

The policy may be held in joint ownership 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's share passes to his or her estate on 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)		Occupation	
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 #

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 the box the Joint Owners select survivorship by appointing each other subrogated Beneficial Owner.

Joint tenancy in common (indicate share (%) ownership; if no selection is made, the split is equal).

Beneficial Owner in Section 4 _____ % Joint Owner in Section 5 _____ %

6. Successor Owner or Subrogated Owner (Quebec) (Non-registered nominee contracts only if the Beneficial Owner is not the Annuitant)

You may name someone to succeed you as owner on your death or in Quebec as your subrogated Beneficial Owner.

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 #

7. Annuitant

For a nominee registered contract, the Annuitant must be the Beneficial Owner.

For nominee non-registered contracts, the Beneficial Owner in Section 4 is the Annuitant if this section is not completed.

This section must be completed for non-individual Policyowners, "in trust for" Contracts and where ownership is held jointly.

Name (Last, First, Initial)	Date of Birth (dd/mm/yyyy)
-----------------------------	----------------------------

8. Successor Annuitant (For nominee 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.

Name (Last, First, Initial)	Date of Birth (dd/mm/yyyy)
-----------------------------	----------------------------

9. Beneficiary (Do not complete for nominee registered contracts)

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.

For nominee non-registered contracts, if this section is not completed, the Beneficiary is the Beneficial Owner'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 (Beneficial Owner in Quebec)	Share of benefit (%)
1. N/A - NOMINEE REGISTERED		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 (%)	Wire Number (if available)
301		\$5,000.00	3515728

Fund Code	Sales Chrg %	Deposit Amount (\$) or (%)	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) _____ \$ _____

Internal BMO Insurance Transfer (attach cheque and appropriate transfer documents)

Name of Institution _____ \$ _____ Name of Institution _____ \$ _____

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

11. Identity Verification, Third Party Determination and Politically Exposed Persons

(1) Identity Verification

Is the application from a non-individual Beneficial Owner (e.g. corporation, partnership and trust)? Yes 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.

Beneficial Owner 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 E18755684535136	Country of Issue and Province/State of Issue ONTARIO	Expiry Date 20/04/2019
---------------------------	---	---------------------------

Joint Owner 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
--------	--	-------------

(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 No
 If 'yes', please attach completed Section 2 **Third Party Determination** on Form 576E

(3) Politically Exposed Persons (PEP)

Is the Contract type non-registered and the deposit \$100,000 or more? 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? Yes No

If "yes", are you a resident or a Citizen of the United States? Yes - TIN (Tax Identification Number) _____ No

Are you a resident of any other country other than Canada or the U.S.? No Yes - Country _____ TIN _____

12. Authorization and Signatures

The Policy Provisions and Information Folder contain important information and should be read before investing. All Beneficial Owners must sign this section. Non-individual Beneficial Owners must sign as required under their corporate documentation. By signing below you and/or the Trustee, as applicable, understand and agree 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 authorize BMO Insurance to accept instructions from your Dealer to execute financial and non-financial transactions in accordance with your instructions and the terms of the Policy Provisions;
- you also authorize BMO Insurance to deliver to your Dealer the documents that may be sent in connection to your Contract, including confirmations and statements;
- 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 Beneficial Owner(s).** By signing below, I, the Annuitant and joint or Successor Annuitant, consent to be the measuring life in this annuity.

Signed at (Province) ONTARIO	Date 16/02/2017
Beneficial Owner Signature SIGNATURE REQUIRED	Trustee or agent for Trustee Signature (nominee registered only)
Joint Owner or Successor Owner/Subrogated Owner Signature	Successor Annuitant Signature
Annuitant Signature, if other than Owner	

13. Advisor Information and Declaration

By signing here, I, the advisor confirm that:

- I am appropriately licensed;
- I have thoroughly examined the Beneficial Owner needs for product suitability;
- I have examined the original, valid and unexpired identity verification documentation for the proposed Beneficial Owner 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 Beneficial Owner(s);
- I have disclosed to each Beneficial Owner:
 - 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
Dealer/Agency Code 1111	Advisor Code 2222
Signature of Advisor SIGNATURE REQUIRED	Date 16/02/2017

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

Fund Names	Front-End Load	Class A Deferred Sales Charge	No-Load
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

Fund Names	Front-End Load	Class A Deferred Sales Charge	No-Load
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

Fund Names	Front-End Load	Class A* Deferred Sales Charge	No-Load
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, 9th 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 12 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;
- for nominee registered contracts, the Beneficiary is the trustee of the nominee registered plan on your behalf;
- the potential for creditor protection may be lost by having the Contract held in the name of a trustee or agent for the trustee of the nominee registered contracts or someone who is not the individual Beneficial Owner;
- you authorize BMO Insurance to accept instructions from your Dealer to execute financial and non-financial transactions **in accordance with your instructions** and the terms of the Policy Provisions; you understand that BMO Insurance shall not be liable for following the instructions provided by your Dealer;
- you also authorize BMO insurance to deliver to your Dealer the documents that may be sent in connection to your Contract, including confirmations and statements;
- 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;
- 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.

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.

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.