

Contact Us

If you bought your coverage through an Independent Insurance Advisor, contact your Advisor or contact:
1-800-387-4483 • Fax 1-866-716-8999
insurance.clientservices@bmo.com

If you bought your coverage directly through BMO Insurance, contact:
1-800-387-9855 • Fax 1-877-279-2656
insurance.DirectAdmin@bmo.com

CHANGE OF ADDRESS

- Use this form to advise BMO Life Assurance (BMO Insurance) to change the address on one or more policies.
- For any address changes outside of Canada and if your insurance coverage has Cash Value, please also complete one of the following:
 - For an Individual – Declaration of Tax Residence for Individuals – Part XVIII and Part XIX of the Income Tax Act form [RC518](#)
 - For an Entity – Declaration of Tax Residence for Entities – Part XVIII and Part XIX of the Income Tax Act form [RC519](#)

Section A – Policy Information

Policy Number(s)

| | |
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| | |

Policy Owner

| | |
|----------------------|-----------------------------|
| Name of Policy Owner | Date of Birth (dd/mmm/yyyy) |
| Name of Policy Owner | Date of Birth (dd/mmm/yyyy) |

Section B – Address Change

Effective Date of Change (dd/mmm/yyyy)

Previous Address

| | | | |
|----------------------------------|----------------|-----------------|---------|
| Address (street number and name) | | | Apt # |
| City | Province/State | Postal/Zip Code | Country |
| Home phone number | | | |

New Address

| | | | |
|----------------------------------|----------------|-----------------------|---------------|
| Address (street number and name) | | | Apt # |
| City | Province/State | Postal/Zip Code | Country |
| Home phone number | Email Address: | Business phone number | and extension |

Section C – Signatures

| | |
|-----------------------------------|--------------------|
| Signature of Policy Owner #1 X | Date (dd/mmm/yyyy) |
| Signature of Policy Owner #2 X | Date (dd/mmm/yyyy) |