

COLLATERAL ASSIGNMENT

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 – Assignment of Policy

- In exchange for value received, I hereby transfer and assign all my rights, title and interest in the above policy(ies) by way of security for all present and future indebtedness to the Assignee named below.

Name of the Assignee			Telephone number
Address (street number and name)	City	Province	Postal Code

Section C – Complete this section if the policy is a Universal Life Policy or Non Registered Single Premium Immediate Annuity

Collateral Assignee is an Individual

Occupation	Date of Birth (dd/mmm/yyyy)	Type of Identification
Identification number	Province of Issue	Country of Issue

Collateral Assignee is an Entity

Principal Business	Corporate Registration Number
Province of Incorporation	Country of Incorporation

Section D – Signatures

I) Signature of the Assignee

Signed at (city or town)	Province	Date (dd/mmm/yyyy)
Name of Assignee/Signing Officer (print)	Title of Signing Officer (if applicable)	
Signature of Assignee/Signing Officer X		

II) Signature of Policy Owner and Irrevocable or Preferred Beneficiary

By signing below, you confirm that:

- BMO Life Assurance Company (BMO Insurance) assumes no responsibility for the validity or effect of this assignment.
- BMO Life Assurance Company (BMO Insurance) assumes no responsibility for any payments made or action taken prior to receipt of this assignment.

Signed at (city or town)	Province	Date (dd/mmm/yyyy)
Signature of Policy Owner #1 and Title (if applicable) X	Signature of Policy Owner #2 and Title (if applicable) X	
Signature of Irrevocable or Preferred Beneficiary X	Signature of Witness X	

RELEASE OF COLLATERAL ASSIGNMENT

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 – Information about the Assignee

Name of the Assignee			Telephone number
Address (street number and name)	City	Province	Postal Code

Section C – Signatures

By signing below, you confirm that:

- You release all rights and interests in the policy to the Policy Owner.
- BMO Life Assurance Company (BMO Insurance) assumes no responsibility for the validity or effect of this release.

Signed at (city or town)	Province	Date (dd/mmm/yyyy)
Name of Assignee/Signing Officer (print)	Title of Signing Officer (if applicable)	
Signature of Assignee/Signing Officer X		