

## PRENEED DEATH CLAIM/CANCELLATION FORM

**Important Notes:**

- Please send completed form to BMO Life Assurance Company.
- For a Death Claim Benefit, submit the Funeral Director's Proof of Death Certificate.
- For a Cancellation of your policy, a portion or all of the cash value (if any) may be taxed as income, which may increase your taxable income for the year. We strongly urge you to contact a tax expert regarding possible tax consequences before you surrender this policy.
- If this policy has been assigned to a Funeral Home, other than the one performing the service, you must have that funeral home sign this form under the assignee section.
- Cancellation or surrender will terminate all protection provided under your policy(ies) stated below.

**Section A - Request**

Certificate Number:

- Death Claim Benefit      Date of Death (dd/mmm/yyyy) \_\_\_\_\_
- Cancellation

**Section B - Performing Funeral Home Information**

Funeral Home Name			
Address (Street, Apt., R.R.)	City	Prov.	Postal Code
Contact No.	Fax No.		

**Section C - Insured/ Annuitant Information**

Name of Insured/Annuitant:			Date of Birth (dd/mmm/yyyy)
Address (Street, Apt., R.R.)			
City	Prov.	Postal Code	Social Insurance No.       -       -

**Section D - Special Delivery or Payment Instructions**

**Section E - Signatures**

Name of Authorized Representative for Performing Funeral Home	Date (dd/mmm/yyyy)
Signature of Authorized Representative for Performing Funeral Home X	
Name of Assignee (if applicable)	Date (dd/mmm/yyyy)
Signature of Assignee X	
Signature of Policy Owner, for cancellation only X	Date (dd/mmm/yyyy)