

APPLICATION FOR POLICY CHANGE insureNOW and insureNOW Plus plans

INSTRUCTIONS:

1. Complete this form to apply for Non-Smoker rates, Reinstatement or Plan change for **insureNOW and insureNOW Plus plans** only.
2. To apply for change to **plans other than insureNOW and insureNOW Plus**, complete the Long Form Health Certificate and Policy Change Application form (167E).
3. Check your Application and complete all sections. Return the signed and fully completed Application (all pages) to BMO Life Assurance Company, address as shown above. For any questions, please contact Client Services at 1-800-387-4483

Please select type of request:

Non-Smoker Change

Do not proceed with this Application if:

insureNOW: you answer "YES" to any of the questions 1 - 10, you are not eligible for Non-Smoker Rates or

insureNOW Plus: you answer "YES" to any of the questions 1 - 11, you are not eligible for Non-Smoker Rates.

Reinstatement

Do not proceed with this Application if:

insureNOW: you answer "YES" to any of the questions 2 - 10, you are not eligible to reinstate your insureNOW plan or

insureNOW Plus: you answer "YES" to any of the questions 2 - 11, you are not eligible to reinstate your insureNOW Plus plan.

Plan change to insureNOW Plus

If you are applying to change your recently issued insureNOW policy to insureNOW Plus, please complete Section 1, 2 and Section 3 question 11.

Do not proceed with this Application if you answer "YES" to any of the questions 2 - 11 OR if the signed date of the original Application was more than 3 months prior to this Application, you must reapply with a new fully completed application.

Are you submitting a payment with this Application? Yes No If yes, please indicate the amount \$ _____

Section 1 – Personal Information

Policy Number	Life Insured	Date of Birth (dd/mmm/yyyy)
Owner (If other than Life Insured)		Phone Number (000) 000-0000
Mailing Address		Postal Code

Section 2 – Eligibility Questions

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Have you used any form of tobacco (except an average of one large cigar a month), marijuana, hashish, nicotine products, or nicotine substitutes in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past two years, have you had an application for Life, Critical Illness or Disability insurance declined, postponed or modified? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 – Health and Lifestyle Eligibility Questions

3. Does your height and weight fall outside of the chart parameters listed below? Yes No

Height in Feet and Inches	Height in CM	Maximum Weight in lbs	Maximum Weight in KG	Height in Feet and Inches	Height in CM	Maximum Weight in lbs	Maximum Weight in KG
4 ft 8 in	142	174	79	5 ft 8 in	173	256	116
4 ft 9 in	145	180	82	5 ft 9 in	175	264	120
4 ft 10 in	147	186	85	5 ft 10 in	178	272	124
4 ft 11 in	150	193	88	5 ft 11 in	180	279	127
5 ft	152	199	90	6 ft	183	287	130
5 ft 1 in	155	206	94	6 ft 1 in	185	295	134
5 ft 2 in	157	213	97	6 ft 2 in	188	304	138
5 ft 3 in	160	220	100	6 ft 3 in	191	312	142
5 ft 4 in	163	227	103	6 ft 4 in	193	320	145
5 ft 5 in	165	234	106	6 ft 5 in	196	329	150
5 ft 6 in	168	241	110	6 ft 6 in	198	337	153
5 ft 7 in	170	249	113				

Section 3 – Health and Lifestyle Eligibility Questions - continued

- | | Yes | No |
|--|--------------------------|--------------------------|
| 4. In the past 10 years have you received any treatment, medical advice, been diagnosed with, required any follow up for or had any known indication of high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever received any treatment, medical advice, been diagnosed with, required any follow up for or had any known indication of: | | |
| a) Stroke or TIA (transient ischemic attack), coronary artery disease, heart attack, heart surgery or any other cerebrovascular disease or abnormal ECG? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Cancer or other malignant disease, tumour, irregular shaped moles or lesions, colon polyps or any other growth not yet investigated? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Breast disease or disorder, breast mass, breast cyst, abnormal mammogram or breast biopsy results, or prostate disorder, prostate nodule or abnormal PSA or ultrasound results? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) AIDS, HIV, persistent enlarged lymph nodes, blood disorder or any immunological disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Hepatitis B or C (including hepatitis B carrier state), or abnormal liver function tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Rheumatoid arthritis, multiple sclerosis, paralysis or any other neurological condition affecting the central nervous system? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Major depression, suicide attempt, bipolar disorder or schizophrenia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. a) Do you have any medical conditions for which you have been or are being investigated, under observation or treated for, or for which you are currently awaiting investigation(s) or test results? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Do you have any symptoms or complaints, including persistent or undiagnosed pain, shortness of breath, dizziness, numbness, loss of balance, rectal bleeding, lump or mass (not just specific to the breast), prostate or any other problems regarding your health for which you have not yet consulted a physician or received treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. a) In the last 5 years have you been treated for or joined or been advised to join an organization due to alcohol or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) In the last 7 years, have you used, cocaine, heroin, LSD, hallucinogens, amphetamines, narcotics, barbiturates, tranquilizers or any habit forming drugs not prescribed by a physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) In the last 12 months have you used marijuana or hashish? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the last 2 years have you participated in any hazardous sport or activity such as mountain climbing to more than 15,000 feet, scuba diving to depths greater than 100 feet, back country or heli-skiing, sky diving, bungee jumping, parachuting, private or chartered aviation, or motor vehicle racing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the last 5 years has your driver's license been suspended or have you been charged with impaired driving, refusing a breathalyser test, careless driving, causing an accident, or speeding more than 40 km per hour over the posted limit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you currently receiving social assistance or do you work in any of the following occupations: mining; steeplejack, blaster or explosive handler; bridge worker, structural steel worker or iron worker; offshore oil worker; professional diver; foreign aid worker, foreign journalist, diplomat; logging worker as a blaster, explosives handler, boomman, high climber, raftsman, rigger, river driver or topman; military personnel; live in caregiver; or foreign worker? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have an insureNOW Plus, please answer question 11. Your answer to question 11 must be NO to proceed with any request for an insureNOW Plus plan. **If you answer YES to question 11, do not proceed** with this Application. Please consult with your advisor about the other insurance plans offered by BMO Insurance.

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|---|--------------------------|--------------------------|
| 11. Have 2 or more of your immediate and natural family members (mother, father, brother or sister) been diagnosed with or treated for High Cholesterol, Heart Disease, Heart Surgery, Aneurysm, Stroke, Cancer, Type 1 Diabetes, Polycystic Kidney Disease, Huntington's Chorea, Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease), Multiple Sclerosis, or Motor Neuron Disease prior to age 60? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Section 4 – Representations, Acknowledgements, Authorizations and Signatures

1. I declare that the statements made in this Application are complete and true and together with any supplement to the Application shall be the basis of any reinstatement of or change to the above numbered policy. It is agreed that if any answers are untrue, the reinstatement or change shall be considered not to have taken effect. Any reinstatement or change is subject to the provisions of the policy. Any payment of arrears or premiums and interest on reinstatement, or any balance of premium on a change, or any restrictions or limitations shall apply from the date of approval of the reinstatement or change.

If applying for reinstatement the below declaration also applies:

2. I, the undersigned Applicant request BMO Life Assurance Company (BMO Insurance) to either reinstate or amend the above mentioned policy in accordance with its terms and conditions. I understand that reinstatement or change will take effect, if approved at Head Office, as of the date of this Application or the date of settlement of premium arrears. I understand that the provisions of the reinstated policy with respect to incontestability and suicide will be deemed to apply from the effective date of reinstatement. I also understand that the beneficiary for this policy, if reinstated, will be the beneficiary that BMO Insurance had on file at the time of the lapse of the policy.

If the owner is a corporation, signature and title of one signing officer is required.

Signed at (city or town)		Province	Date (dd/mmm/yyyy) dd/mmm/yyyy
Signature of Life Insured X			
Signature of Policy Owner #1 and Title (if applicable) X		Signature of Policy Owner #2 and Title (if applicable) X	
Signature of Witness X		Name of Witness (if not Advisor)	
Advisor Name	Advisor Code	Advisor Signature X	

Section 5 – Legal Information

Please detach and give to Life Insured

RECEIPT

BMO  **Insurance**
60 Yonge Street
Toronto, Ontario, Canada M5E 1H5

NOTICE TO OWNER: If the Application for reinstatement is not accepted this payment will be refunded.

Lapsed Policy No. _____ Date / / , Year
Received From _____ the sum of
_____ dollars
100

DISCLOSURE STATEMENT

The transaction represented by this Application is between the applicant and BMO Life Assurance Company (BMO Insurance). The Advisor soliciting this insurance Application is an independent contractor and the person or firm advising you on the purchase of this product has provided you with written materials advising: about the company(s) they currently represent; that they receive compensation (such as commissions) for the sale of life and health insurance products; that they may receive additional compensation in the form of bonuses, conference programs or other incentives; of any conflicts of interest they may have with respect to this transaction. The applicant is not obligated to transact any other business with BMO Insurance as a condition of the Application.

BMO Insurance PRIVACY AND CONFIDENTIALITY NOTICE

BMO Life Assurance Company (BMO Insurance) has requested personal information in respect of your Application for insurance. BMO Insurance will use this information and information in its existing files to assess risk, process your Application, administer any policy, if issued, and to investigate claims. BMO Insurance will also use and collect additional information from third parties to evaluate and investigate claims. BMO Insurance will keep your information in a file in its offices and will not disclose the information in that file except to those BMO Insurance employees, agents, its affiliates, administrators or reinsurers who need access to assess risk and investigate claims. From time to time, BMO Insurance may wish to offer you upgrades to your coverage and additional products and services. You may ask us not to make these offers to you by writing to our Privacy Officer at the address below. You may also request, upon presentation of proper identification and proof of entitlement, to review and if appropriate, correct, your personal information in our possession by writing to:

Privacy Officer, BMO Life Assurance Company

60 Yonge Street, Toronto, Ontario, Canada M5E 1H5