

PREMIUM CHANGE REQUEST FORM

BMO Life Assurance Company (BMO Insurance) is requested and authorized to make the changes below regarding:

Policy Number(s)

Insured(s)

Policyowner(s)

A. CHANGE OF BANK (PRE-AUTHORIZED WITHDRAWALS)

BMO® Insurance is requested and authorized to draw cheques in its favour under its pre-authorized plan on any account that may be designated from time to time, for the purpose of paying premiums. The bank or financial institution is authorized to deal with such cheques as though they were signed by the depositor(s).

Attach specimen cheque here

Signature of Authorization:

Type of Account Chequing OR Chequing Savings

While the pre-authorized cheque plan is in effect, the mode of payment will be monthly. If a pre-authorized payment is returned due to non-sufficient funds, BMO Insurance is authorized to retry the payment within 5 business days. This agreement may be terminated upon written notice by the depositor(s) or by BMO Insurance if any cheque is not honoured on presentation, or if BMO Insurance has refunded the amount of such cheque to the bank or other financial institution.

B. CHANGE PREMIUM MODE TO

Annual Semi-Annual Monthly(complete section A)

C. POLICY LOANS (if applicable)

I/We hereby request a policy loan in the amount of _____
 I understand that I will be charged a rate of interest set by BMO Insurance for this loan.

Irrevocable Beneficiary	Date		
Policyowner Signature	Date	Assignee (If Assigned)	Date

D. NON-FORFEITURE OPTION (if applicable)

Reduced Paid-up Extended Term

Irrevocable Beneficiary	Date		
Policyowner Signature	Date	Assignee (If Assigned)	Date