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**B. INCOME TAX INFORMATION**

A transfer of ownership is a disposition for income tax purposes and therefore may result in BMO® Insurance generating T-5 or other income tax slips. Please indicate which of the following is the type of transfer being made:

- Arm's Length (transfer between unrelated persons) Price Paid \$ \_\_\_\_\_
- Non-Arms Length (transfer between related persons) Price Paid \$ \_\_\_\_\_
- Rollover (transfer between spouses or between parent (grandparent) and child)

**Note:** Non-arms length includes transfer between corporation and shareholder, and between related corporations.

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**C. CHANGE PRIMARY BENEFICIARY TO:**

**NOTE:** In the province of Quebec, a spousal beneficiary is irrevocable unless stated to be revocable.

Revocable  Irrevocable

Full Name(s)

Relationship to the Insured

Date of birth

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Insurance proceeds will be payable in equal shares to all beneficiaries named above who survive the Insured, unless otherwise stated in writing, but if none survive, equally among all persons who are named as Contingent Beneficiaries and who survived the Insured.

**Trustee**, if any, if Beneficiary is a minor: \_\_\_\_\_  
Full Name Relationship to the Insured

**Contingent Beneficiary**, if any: \_\_\_\_\_  
Full Name Relationship to the Insured

**Trustee**, if any,  
if Contingent Beneficiary is a minor: \_\_\_\_\_  
Full Name Relationship to the Insured

If beneficiary is a corporation,  
please provide \_\_\_\_\_  
Business Number Quebec Business Number (NEQ)

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**D. SIGNATURES(S) of NEW OWNERS(S)**

I authorize BMO Insurance to use my Social Insurance Number and/or Business Number for tax reporting on and administration of this policy. I understand that this transfer of ownership may have tax consequences and it is my responsibility to obtain any necessary tax or legal advice.

\_\_\_\_\_  
Signed at (City/Province) Signature of new owner (authorized signature is corp..) Date

\_\_\_\_\_  
Signed at (City/Province) Signature of new owner Date

\_\_\_\_\_  
Witness to all signatures Date

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