

REQUEST TO CHANGE BENEFICIARY DESIGNATION – LIFE INSURANCE

- Use this form to designate beneficiaries to receive benefits under your Life Insurance policy with BMO Life Assurance Company (BMO Insurance).
- For Critical Illness policies, use the Beneficiary Designations for Critical Illness Policies form 626E or the Direction to Pay for Critical Illness Policies form 630E
- For a primary or contingent (subrogated in Quebec) beneficiary, the share of benefits must total 100%, failing which BMO Life Assurance Company (BMO Insurance) may allocate benefits as it deems appropriate.

Section A – Policy Information

- For policies with more than one Life Insured, complete a separate form for each Life Insured.

Policy Number	Name of Policy Owner	Date of Birth (dd/mmm/yyyy)
Name of Life Insured		Date of Birth (dd/mmm/yyyy)

Section B – Primary Beneficiary Designation

- Benefits will be made payable to the Primary Beneficiary below as indicated.

In Quebec, a Spousal Beneficiary (marriage or civil union) will be Irrevocable unless you check this box Revocable

Full Name	Relationship to Life Insured	Date of Birth (dd/mmm/yyyy) for Minor Beneficiary	Percentage share (must total 100%)

Section C – Contingent Beneficiary (Subrogated Beneficiary in Quebec) Designation

- A Contingent (Subrogated in Quebec) Beneficiary becomes the beneficiary in the event that all of the Primary Beneficiaries named have died before the death of the Life Insured or have been disentitled.
- A Contingent (Subrogated in Quebec) Beneficiary is always revocable.

Full Name	Relationship to Life Insured	Percentage share (must total 100%)

Section D – Trustee for minor beneficiaries

Is the beneficiary under the age of 18? Yes No

- Outside Quebec you should name a Trustee to receive the benefits while the beneficiary is still a minor.
- In Quebec, the benefits will be paid to the Tutor(s) unless you have appointed an Administrator or have established a formal Trust.

Full Name	Relationship to Life Insured
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Section E – Signatures

By signing below:

- You revoke all previous beneficiary designations that were made with respect to the proceeds payable on the death of the Life Insured, and
- You direct that those proceeds be paid to the beneficiary or beneficiaries designated on this form.

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