

BMO Life Assurance Company

9-250 Yonge St, Toronto, ON M5B 2L7 Toll Free 1-800-387-4483 • Fax 1-866-716-8999

Email: Insurance.clientservices@bmo.com

BENEFICIARY DESIGNATIONS FOR CRITICAL ILLNESS POLICIES

- Use this form to designate beneficiaries to receive benefits under your Critical Illness policy if the application for the policy was signed in **Alberta, British Columbia, Manitoba, Ontario or Québec** and you were a resident of Alberta, British Columbia, Manitoba, Ontario or Quebec when the policy was issued.
- In Alberta, British Columbia, Manitoba or Ontario, tell us each beneficiary's relationship to the Life Insured. In Québec, tell us each beneficiary's relationship to the Policy Owner.
- Do **NOT** use this form if the application for the policy was signed in any other province or territory and you were a resident of any other province or territory when your policy was issued; instead, use the Direction to Pay for Critical Illness Policies form 630E.
- If you do not designate a beneficiary for each coverage, we will pay these benefits in accordance with the terms of your policy.
- All proceeds from any Critical Illness Return of Premium on Death (ROPD) Rider will be paid to the Policy Owner or the Policy Owner's Estate, unless a beneficiary has been designated.

Section	A – Po	licv Inf	ormation
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section A - Foncy inioiniati	VII			
Policy Number	Name of Policy Owner Date of			rth (dd/mmm/yyyy)
Name of Life Insured	•		Date of Bi	rth (dd/mmm/yyyy)
Phone No.	Email address		·I	
(including any Critical Illness Ber	beneficiaries for Critical Illness Insume fit, Maturity Benefit and Early Discovery (marriage or civil union) will be Irrevocab	Benefit).		
Full Name		Relationship to the Life Insured (In Québec, relationship to Policy (Owner)	Percentage Share (must total 100%)
				%
				%
				%
Section C – Designation of b	peneficiaries for Return of Premium	on Surrender rider		100%
_	(marriage or civil union) will be Irrevocab			
Full Name		Relationship to the Life Insured (In Québec, relationship to Policy (Owner)	Percentage Share (must total 100%)
				%
				%
				%
Section D – Designation of l	beneficiaries for Return of Premium	on Death rider		100%
_	(marriage or civil union) will be Irrevocab		_	
Full Name		Relationship to the Life Insured (In Québec, relationship to Policy (Owner)	Percentage Share (must total 100%)
				%
				%
				%
				100%

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Section E - Signatures

By signing below:

- You understand that if the policy is governed by Alberta, British Columbia, Manitoba, Ontario or Quebec law, this beneficiary designation will change your policy to confirm your right to designate one or more beneficiaries to receive the benefits payable under your Critical Illness policy, and;
- You revoke all previous beneficiary designations for benefits from all coverages for the Life Insured on this application or policy and, if applicable, all benefits payable under the Return of Premium on Surrender and Return of Premium on Death riders associated with those coverages, and;
- You direct that any benefits payable will be paid to the beneficiary or beneficiaries designated on this form.

Province Signed	Date (DD/MMM/YYYY)	Signature	Print Name
		Policy Owner #1 and Title (if applicable)	
		X	
		Policy Owner #2 and Title (if applicable)	
		Х	
		Irrevocable Beneficiary	
		Х	

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