

Long Form Health Certificate and Policy Change Application Check your request and complete all sections. Return the signed and fully completed form (all pages) to BMO Life Assurance Company, address as shown above. For any questions, please contact Customer Service at 1-800-387-4483. You are required to complete a new application form (form # 126E) for the following changes: a) Increase sum insured on a Life Dimensions Universal Life policy. b) Add a new Life insured to a Life Dimensions Universal Life policy (change coverage from single life to multi-life). c) Add a Critical Illness rider. TYPE OF REQUEST Yes Reinstatement - Payment Submitted? Amount \$___ ☐ Change to Non-Smoker (For joint-last-to-die coverage, each life insured needs to complete this form) Review Rating (For joint-last-to-die coverage, each life insured needs to complete this form) Preferred renewal rates/Re-entry Add riders/benefits, please specify details: (If adding term riders on 2 different lives, each life insured needs to complete a Long Form Health Certificate. See underwriting guideline for requirements based on age and face amount) NOTE: For addition of Children's Term rider, please complete this form on the parent or guardian and Children's Term Rider Questionnaire (Form # 341E) on the child. _ Face Amount \$ _____ U Other changes: please specify details For Universal Life policies, change planned premiums to: New planned premium \$ ___ monthly annually semi-annually Section 1 - Personal Information Policy Number Insured Date of Birth (dd/mm/yy) Owner (if other than insured) Mailing Address Postal Code Net Worth Occupation Annual Income Insurance in force and pending (This and other Companies) Name of Company Amount Accidental Death Policy Issue Date Section 2 - Medical Information No b) Any weight change in the last year? If "yes", indicate weight change and reason. 2. a) Date of last consultation with a doctor, reason, outcome details. b) Name of doctor, address and telephone number.

3.	Have you ever been to	eated for,	tested for, or had a	any known indicatio	n of any of tl	he followi	ng:		Yes	No
	a) Cancer, tumor, poly	p or othe	er growth, blood dis	order or any form o	f malignant o	disease?				
	•			•	d cholestero	l, or any o	other heart	or circulatory disease?		
	c) Diabetes, kidney, b								Н	닏
	d) Hepatitis or any dis			•	or colon?				Н	
	e) Chronic lung or an	•	•		af tha mamiai		.0		H	님
	f) Stroke, TIA, seizureg) AIDS or tested pos			s or other disorder	of the nervol	us system	1?		H	
	h) Mental illness, anx			rug abuse?						H
,					(
4.	and any treatment you			for any disorder?	T "Yes", piea	se iist aii	medicatio	ns you are presently taking		
5.	Have you been advis surgical procedures w	ed or do ithin the n	you currently have next 12 months? If "	any pending inves	stigations, sp le details.	pecialists	consultati	ons, upcoming medical or		
6.	Is there any other illne	ss, sympt	tom or abnormality	that you have not y	et consulted	a doctor	for? If "ye	s" please provide details.		
7.	Has any application o	r reinstate	ement ever been de	clined, rated, postp	oned, or mo	dified in a	any way?			
8.	Are you involved in the	e operatio	on of any aircraft or	engaged in any kin	d of hazardo	us activiti	es?			
9.	Have you ever been cl or more moving violati				cy, had your	driver's lid	cense restr	icted, revoked or had three		
10.	Have you used any to		•		he last 12 m	onths?				
11.	Have you traveled out	side North	h America in the pa	st 12 months or ha	ve any plans	to do so	in the nex	t 12 months?		
	-							arcotics (other than as	\Box	П
	prescribed by your ph								_	
13.		rothers or	r sisters had cance							
	Amyotrophic Lateral S	nervous Sclerosis (A	disorder (including ALS or Lou Gehrig's	Alzheimer's Dise disease), Parkinso	ase), stroke on's Disease,	, multiple or any o	e sclerosis ther hered	polycystic kidney disease, s, motor neuron disease, tary disorders?		
	Amyotrophic Lateral S MEDICAL HISTORY	nervous Sclerosis (A	disorder (including ALS or Lou Gehrig's details below of FAI	Alzheimer's Dise disease), Parkinso MILY HISTORY for a	ase), stroke on's Disease, all parents, b	, multiple or any o rothers a	e sclerosis ther hered	s, motor neuron disease, tary disorders?		
	Amyotrophic Lateral S	nervous Sclerosis (A	disorder (including ALS or Lou Gehrig's	Alzheimer's Dise disease), Parkinso MILY HISTORY for a	ase), stroke on's Disease,	, multiple or any o	e sclerosis ther hered nd sisters.	s, motor neuron disease,		
	Amyotrophic Lateral S MEDICAL HISTORY	nervous Sclerosis (A	disorder (including ALS or Lou Gehrig's details below of FAI	Alzheimer's Dise disease), Parkinso MILY HISTORY for a	ase), stroke on's Disease, all parents, b Age at	, multiple or any or rothers a	e sclerosis ther hered nd sisters.	s, motor neuron disease, tary disorders?		
	Amyotrophic Lateral S MEDICAL HISTORY	nervous Sclerosis (A	disorder (including ALS or Lou Gehrig's details below of FAI	Alzheimer's Dise disease), Parkinso MILY HISTORY for a	ase), stroke on's Disease, all parents, b Age at	, multiple or any or rothers a	e sclerosis ther hered nd sisters.	s, motor neuron disease, tary disorders?		
	Amyotrophic Lateral S MEDICAL HISTORY	nervous Sclerosis (A	disorder (including ALS or Lou Gehrig's details below of FAI	Alzheimer's Dise disease), Parkinso MILY HISTORY for a	ase), stroke on's Disease, all parents, b Age at	, multiple or any or rothers a	e sclerosis ther hered nd sisters.	s, motor neuron disease, tary disorders?		
14	Amyotrophic Lateral S MEDICAL HISTORY Family Member	nervous sclerosis (/ - Provide o	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer	Alzheimer's Dise disease), Parkinso MILY HISTORY for a	ase), stroke on's Disease, all parents, b	, multiple or any or rothers a	e sclerosis ther hered nd sisters.	s, motor neuron disease, tary disorders?		
	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN G	nervous sclerosis (A - Provide o	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer	J Alzheimer's Dise s disease), Parkinso MILY HISTORY for a , indicate type)	ase), stroke on's Disease, all parents, b Age at onset	, multiple or any or rothers a	e sclerosis ther hered nd sisters.	s, motor neuron disease, tary disorders?		
	Amyotrophic Lateral S MEDICAL HISTORY Family Member	nervous sclerosis (A - Provide o	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer	J Alzheimer's Dise s disease), Parkinso MILY HISTORY for a , indicate type)	ase), stroke on's Disease, all parents, b Age at onset	, multiple or any or rothers a	e sclerosis ther hered nd sisters.	s, motor neuron disease, tary disorders?		
	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN G	nervous sclerosis (A - Provide o	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer	J Alzheimer's Dise s disease), Parkinso MILY HISTORY for a , indicate type)	ase), stroke on's Disease, all parents, b Age at onset	, multiple or any or rothers a	e sclerosis ther hered nd sisters.	s, motor neuron disease, tary disorders?		
	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN G	nervous sclerosis (A - Provide o	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer	J Alzheimer's Dise s disease), Parkinso MILY HISTORY for a , indicate type)	ase), stroke on's Disease, all parents, b Age at onset	, multiple or any or rothers a	e sclerosis ther hered nd sisters.	s, motor neuron disease, tary disorders?		
If yo	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN GO Du answered "YES" to	nervous sclerosis (A Provide of	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer	J Alzheimer's Dise s disease), Parkinso MILY HISTORY for a , indicate type)	ase), stroke on's Disease, all parents, b Age at onset etails.	, multiple or any o rothers a Age if living	e sclerosis ther hered nd sisters.	s, motor neuron disease, tary disorders?		
If you	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Good ou answered "YES" to be be called the control of th	DOD HEA	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer LTH? estions 1 through 1: knowledgements	Alzheimer's Dises disease), Parkinson MILY HISTORY for a findicate type) 3, please provide description, Authorizations a	ase), stroke on's Disease, all parents, b Age at onset etails.	, multiple or any o rothers a Age if living	e sclerosis ther hered nd sisters. Age at death	c, motor neuron disease, tary disorders? Cause of Death		ions. I
Sec 1. I,	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to ction 3 - Representat the undersigned Applicant inderstand that reinstatement	DOD HEA any of que tions, Act request BM ant will take e	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer LTH? estions 1 through 1: knowledgements IO Life Assurance Compeffect, if approved at Heat	Alzheimer's Dises disease), Parkinson MILY HISTORY for a condition indicate type) 3, please provide department of the condition in the condit	ase), stroke on's Disease, all parents, b Age at onset etails. and Signatu o reinstate the act of this applicar	, multiple or any or rothers a Age if living	e sclerosis ther hered nd sisters. Age at death	c, motor neuron disease, tary disorders? Cause of Death in accordance with its terms and ment of premium arrears. I unders	Condit	
Sec 1. 1,	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to the undersigned Applicant inderstand that reinstatement provisions of the reinstated provisions o	DOD HEA any of que tions, Act request BM th will take e	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer LTH? estions 1 through 1: knowledgements 10 Life Assurance Computer, if approved at Heapest to incontestabilit	Alzheimer's Dises disease), Parkinson MILY HISTORY for a similar type) 3, please provide dependence of the date of the date type of the date	ase), stroke on's Disease, all parents, b Age at onset etails. and Signatu oreinstate the action of this applicate emed to apply	, multiple or any or crothers at Age if living livi	e sclerosis ther hered nd sisters. Age at death tioned policy state of settle ffective date	c, motor neuron disease, tary disorders? Cause of Death in accordance with its terms and ment of premium arrears. I unders	I condit	at the
Sec 1. I, U	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to ction 3 - Representat the undersigned Applicant inderstand that reinstatement oriovisions of the reinstated p it is declared that the statem of or change to the above to	DOD HEA any of que tions, Acl request BM the will take e toolicy with re ents made i numbered p	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (if cancer ALTH? estions 1 through 1: knowledgements 10 Life Assurance Competed to the despect to incontestability in this application are coolicy. It is agreed that	Alzheimer's Dises disease), Parkinson MILY HISTORY for a strindicate type) 3, please provide decorate disease provide decorate disease provide decorate disease disea	ase), stroke on's Disease, all parents, b Age at onset etails. and Signatu o reinstate the e of this applicar seemed to apply gether with any rue, the reinsta	res above mention or the of roughly support the or the of roughly support the or the o	tioned policy date of settle ffective date to to the appchange shall	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any be considered not to have take	I condit stand the	ement t. Any
Sec 1. I, up 2. If c	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to ction 3 - Representat the undersigned Applicant inderstand that reinstatement oriovisions of the reinstated p it is declared that the statem of or change to the above to	DOD HEA any of que tions, Acl request BM nt will take e policy with re enumbered p ubject to the	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (if cancer and the canc	Alzheimer's Dises disease), Parkinson MILY HISTORY for a string indicate type) 3, please provide department of any (BMO Insurance) to ad Office, as of the date by and suicide will be demplete and true and to if any answers are unit. Any payment of arrear	etails. and Signatu o reinstate the e of this applicate the service, the reinstate or premiums	res above mention or the of roughly support the or the of roughly support the or the o	tioned policy date of settle ffective date to to the appchange shall	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any	I condit stand the	ement t. Any
Sec 1. I, up 2. Iii	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to the undersigned Applicant inderstand that reinstatement or change is declared to the above reinstatement or change is sign any restrictions or limitation thorization - Do not determine the statement of the statement or change is sign any restrictions or limitation thorization - Do not determine the statement or change is sign any restrictions or limitation.	DOD HEA any of que tions, Act request BM th will take e bolicy with re ents made i numbered p bubject to the bus shall app detach	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (if cancer ALTH? estions 1 through 1: knowledgements 10 Life Assurance Computer of the Assurance Computer of the Assurance Computer of the Assurance of the Samurance Computer of the Assurance Computer of the Assura	Alzheimer's Dises disease), Parkinson MILY HISTORY for a middle title type) 3, please provide description of the date of the	ase), stroke on's Disease, all parents, b Age at onset etails. and Signatu or reinstate the e of this applicate emed to apply gether with any rue, the reinstate ent or change.	res above mention or the of roughly support the or the of roughly support the or the o	tioned policy date of settle ffective date to to the appchange shall	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any be considered not to have take	I condit stand the	ement t. Any
Sec 1. I, p 2. Iii	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN George and the undersigned Applicant inderstand that reinstatement or change is declared that the statement of or change to the above reinstatement or change is so or any restrictions or limitation of the inderstation or limitation of the inderstation or limitation of the inderstation of the independent of the i	DOD HEA any of que tions, Acl request BM nt will take e policy with re ents made i numbered p ubject to the pubject to the pub	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (if cancer Disease (if cancer ALTH? estions 1 through 1: Knowledgements If Life Assurance Computer (if approved at Heater Computer Compute	Alzheimer's Dises disease), Parkinson MILY HISTORY for a findicate type) 3, please provide description of the date of the dat	etails. and Signatue of this applicate emed to apply agether with any rue, the reinstate the series or premiums ent or change.	res above mention or the etal supplementaria di interes:	tioned policy date of settle fective date and to the app change shall to n reinstate	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any be considered not to have take	I condit stand the reinstate on a ch	ement t. Any nange,
Sec 1. I, up 2. It con (Valii I, we com	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go Du answered "YES" to ction 3 - Representar the undersigned Applicant anderstand that reinstatement provisions of the reinstated p t is declared that the statem of or change to the above reinstatement or change is si or any restrictions or limitatic thorization - Do not of the hereby authorize any healt pany, insurance advisor or	DOD HEA any of que tions, Acl request BM nt will take e policy with re ents made i numbered p ubject to the ons shall app detach welve (12) n i care profe advisor, or if	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (if cancer III) Disease (if approved at Herespect to incontestability in this application are colicy. It is agreed that a provisions of the policy ply from the date of approvisions of the policy ply from the date of approvisions and not more the issional, hospital, public ts affiliate, the Medical	Alzheimer's Dises disease), Parkinson MILY HISTORY for a similar type) 3, please provide description of a similar type and suicide will be descripted and true and to similar type and suicide will be descripted and true and to so the similar type and true and t	ase), stroke on's Disease, all parents, b Age at onset etails. and Signatu o reinstate the e of this applicate and to apply grue, the reinstate or change. onths) ital services est: y financial instit	res above mention or the elevation of th	tioned policy date of settle fective date or other mer organization	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any be considered not to have take ment, or any balance of premium dical or medically related facility, an, institution or person that has a	I condition to the condition of the cond	ement t. Any nange, urance ords or
Secondary (Validation of the communication of the c	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to ction 3 - Represental the undersigned Applicant inderstand that reinstatement provisions of the reinstated put it is declared that the statement for change to the above to einstatement or change is story any restrictions or limitatic thorization - Do not of do in Alberta for a period of the hereby authorize any health prany, insurance advisor or wledge of me or my health, perning any member of my for	DOD HEA any of que tions, Acl request BM th will take e tolicy with re ents made i numbered p ubject to the bus shall ap the tach welve (12) m h care profe advisor, or it to provide t amily propo	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (Alzheimer's Dises disease), Parkinson MILY HISTORY for a middle type) 3, please provide description of the date type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and true and the type and ty	ase), stroke on's Disease, all parents, be Age at onset onse	res above mention or the ety supplement or and interest	tioned policy date of settle fective date nt to the app change shall to or other me or organization and record	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any be considered not to have take ment, or any balance of premium dical or medically related facility, a	I condition of the condition of the condition of the condition of the condition is any insurant of the condition of the conditio	ement t. Any nange, urance ords or made
Secondary (Validation of the communication of the c	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to ction 3 - Represental the undersigned Applicant inderstand that reinstatement provisions of the reinstated provisions of the reinstatement provisions of the reinstated provisions of the reinstatement is declared that the statement or change is significant or change is signific	DOD HEA any of que tions, Acl request BM th will take e tolicy with re ents made i numbered p ubject to the bus shall ap the tach welve (12) m h care profe advisor, or it to provide t amily propo	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (Alzheimer's Dises disease), Parkinson MILY HISTORY for a middle type) 3, please provide description of the date type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and true and the type and ty	ase), stroke on's Disease, all parents, be Age at onset onse	res above mention or the ety supplement or and interest	tioned policy date of settle fective date nt to the app change shall to or other me or organization and record	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any be considered not to have take ment, or any balance of premium dical or medically related facility, and institution or person that has a ds. This same complete authorize	I condition of the condition of the condition of the condition of the condition is any insurant of the condition of the conditio	ement t. Any nange, urance ords or made
Secondary (Validation of the communication of the c	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to ction 3 - Represental the undersigned Applicant inderstand that reinstatement provisions of the reinstated put it is declared that the statement for change to the above to einstatement or change is story any restrictions or limitatic thorization - Do not of do in Alberta for a period of the hereby authorize any health prany, insurance advisor or wledge of me or my health, perning any member of my for	DOD HEA any of que tions, Acl request BM th will take e tolicy with re ents made i numbered p ubject to the bus shall ap the tach welve (12) m h care profe advisor, or it to provide t amily propo	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (Alzheimer's Dises disease), Parkinson MILY HISTORY for a middle type) 3, please provide description of the date type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and true and the type and ty	ase), stroke on's Disease, all parents, be Age at onset onse	res above mention or the ety supplement or and interest	tioned policy date of settle fective date nt to the app change shall to or other me or organization and record	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any be considered not to have take ment, or any balance of premium dical or medically related facility, and institution or person that has a ds. This same complete authorize	I condition of the condition of the condition of the condition of the condition is any insurant of the condition of the conditio	ement t. Any nange, urance ords or made
Secondary (Validation of the communication of the c	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to ction 3 - Represental the undersigned Applicant inderstand that reinstatement provisions of the reinstated put it is declared that the statement for change to the above to einstatement or change is story any restrictions or limitatic thorization - Do not of do in Alberta for a period of the hereby authorize any health prany, insurance advisor or wledge of me or my health, perning any member of my for	DOD HEA any of que tions, Acl request BM th will take e tolicy with re ents made i numbered p ubject to the bus shall ap the tach welve (12) m h care profe advisor, or it to provide t amily propo	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (Alzheimer's Dises disease), Parkinson MILY HISTORY for a middle type) 3, please provide description of the date type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and to the type and suicide will be descripted and true and true and the type and ty	ase), stroke on's Disease, all parents, be Age at onset onse	res above mention or the ety supplement or and interest	tioned policy date of settle fective date nt to the app change shall to or other me or organization and record	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any be considered not to have take ment, or any balance of premium dical or medically related facility, and institution or person that has a ds. This same complete authorize	I condition of the condition of the condition of the condition of the condition is any insurant of the condition of the conditio	ement t. Any nange, urance ords or made
Secondary (Validation of the communication of the c	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to ction 3 - Representate the undersigned Applicant understand that reinstatement rovisions of the reinstated p t is declared that the statement of or change to the above the einstatement or change is so or any restrictions or limitative thorization - Do not of the hereby authorize any health pany, insurance advisor or whedge of me or my health, cerning any member of my forization shall be as valid a	DOD HEA any of que tions, Acl request BM th will take e tolicy with re ents made i numbered p ubject to the bus shall ap the tach welve (12) m h care profe advisor, or it to provide t amily propo	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (if cancer ALTH? estions 1 through 1: knowledgements IO Life Assurance Competfect, if approved at Heeespect to incontestabilitin this application are colicy. It is agreed that a provisions of the policy ply from the date of approved at the provisions of the policy ply from the date of approved that a provisions of the policy ply from the date of approved that are provisions of the policy ply from the date of approved that are provisions of the policy ply from the date of approved that are provisions of the policy ply from the date of approved that are provisions of the policy ply from the date of approved the provisions of the policy ply from the date of approved that are provided that are provided to and exchange with B issed for coverage. Note:	Alzheimer's Dises disease), Parkinson MILY HISTORY for a findicate type) 3, please provide displaying any (BMO Insurance) to ad Office, as of the date and true and to if any answers are unto any payment of arreamoroval of the reinstatement and twenty-four (24) more or private health or social information Bureau, any MO® Insurance or its reparent or legal guardians.	ase), stroke on's Disease, all parents, be Age at onset onse	multiple or any or	tioned policy date of settle fective date nt to the app change shall to or other me or organization and record	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any be considered not to have take ment, or any balance of premium dical or medically related facility, an, institution or person that has a ds. This same complete authorizicate relationship. (A photographic	I condition of the condition of the condition of the condition of the condition is any insurant of the condition of the conditio	ement t. Any nange, urance ords or made
Secondary (Validation of the communication of the c	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go ou answered "YES" to ction 3 - Representate the undersigned Applicant understand that reinstatement rovisions of the reinstated p t is declared that the statement of or change to the above the einstatement or change is so or any restrictions or limitative thorization - Do not of the hereby authorize any health pany, insurance advisor or whedge of me or my health, cerning any member of my forization shall be as valid a	DOD HEA any of que tions, Acl request BM th will take e tolicy with re ents made i numbered p ubject to the bus shall ap the tach welve (12) m h care profe advisor, or it to provide t amily propo	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (Alzheimer's Dises disease), Parkinson MILY HISTORY for a findicate type) 3, please provide displaying any (BMO Insurance) to ad Office, as of the date and true and to if any answers are unto any payment of arreamoroval of the reinstatement and twenty-four (24) more or private health or social information Bureau, any MO® Insurance or its reparent or legal guardians.	ase), stroke on's Disease, all parents, be Age at onset onse	res above mention or the ety supplement or and interest	tioned policy date of settle ffective date or other mer organization on and recornor must ind	in accordance with its terms and ment of premium arrears. I unders of reinstatement. lication shall be the basis of any be considered not to have take ment, or any balance of premium dical or medically related facility, an, institution or person that has a ds. This same complete authorizicate relationship. (A photographic	I condition of the condition of the condition is coopy of the coopy of	ement t. Any nange, urance ords or made
Secondary (Validation of the communication of the c	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go Du answered "YES" to ction 3 - Representate the undersigned Applicant understand that reinstatement provisions of the reinstated p to is declared that the statement of or change to the above the instatement or change is so or any restrictions or limitation that is declared that the statement and in Alberta for a period of the the hereby authorize any health pany, insurance advisor or wedge of me or my health, cerning any member of my foorization shall be as valid a / Date (dd/mm/yyyy)	DOD HEA any of que tions, Acl request BM th will take e tolicy with re ents made i numbered p ubject to the bus shall ap the tach welve (12) m h care profe advisor, or it to provide t amily propo	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (if cancer III) Disease (if cancer III	Alzheimer's Dise of disease), Parkinson MILY HISTORY for a control of the control	ase), stroke on's Disease, all parents, be Age at onset onse	multiple or any or	tioned policy date of settle ffective date or other mer organization on and recornor must ind	in accordance with its terms and ment of premium arrears. I unders of reinstatement. Ilication shall be the basis of any be considered not to have take ment, or any balance of premium dical or medically related facility, an, institution or person that has a ds. This same complete authorizicate relationship. (A photographic Proposed Insured	I condition of the condition of the condition is coopy of the coopy of	ement t. Any nange, urance ords or made
Secondary (Validation of the communication of the c	Amyotrophic Lateral S MEDICAL HISTORY Family Member ARE YOU NOW IN Go Du answered "YES" to ction 3 - Representate the undersigned Applicant understand that reinstatement provisions of the reinstated p to is declared that the statement of or change to the above the instatement or change is so or any restrictions or limitation that is declared that the statement and in Alberta for a period of the the hereby authorize any health pany, insurance advisor or wedge of me or my health, cerning any member of my foorization shall be as valid a / Date (dd/mm/yyyy)	DOD HEA any of que tions, Acl request BM th will take e tolicy with re ents made i numbered p ubject to the bus shall ap the tach welve (12) m h care profe advisor, or it to provide t amily propo	disorder (including ALS or Lou Gehrig's details below of FAI Disease (if cancer Disease (if cancer ALTH? estions 1 through 1: knowledgements IO Life Assurance Competfect, if approved at Heeespect to incontestabilitin this application are colicy. It is agreed that a provisions of the policy ply from the date of approved at the provisions of the policy ply from the date of approved that a provisions of the policy ply from the date of approved that are provisions of the policy ply from the date of approved that are provisions of the policy ply from the date of approved that are provisions of the policy ply from the date of approved that are provisions of the policy ply from the date of approved the provisions of the policy ply from the date of approved that are provided that are provided to and exchange with B issed for coverage. Note:	Alzheimer's Dise of disease), Parkinson MILY HISTORY for a control of the control	ase), stroke on's Disease, all parents, be Age at onset onse	multiple or any or	tioned policy date of settle fective date nt to the app change shall to nreinstate or or other mer or organization on and recornor must ind	in accordance with its terms and ment of premium arrears. I unders of reinstatement. Ilication shall be the basis of any be considered not to have take ment, or any balance of premium dical or medically related facility, an, institution or person that has a ds. This same complete authorizicate relationship. (A photographic Proposed Insured	I condition of the condition of the condition of the condition is copy of the	ement t. Any nange, urance ords or made of this

Signed at	this	day of		, 20		
Χ		Χ				
	Parent or Guardian (Child age 16 or	If company owned, 2 Signatures and Titles or 1 Signature				
	ebec, must sign application)	and Corporate seal				
X		X				
	osed Life Insured		other than the Propo			
			or if Owner Waiver e	electea)		
X		Χ				
Owner (If other than P	roposed Life Insured(s)		Witness			
Advisor Name (please print) Advisor Signature Advisor Name (please print)	Advisor Code Advisor Code	Percentage Split % Percentage Split	Print name of MGA	and MGA code # here:		
divisor Name (please print)	Advisor Gode	T ercentage opin				
X		Print name of MGA	and MGA code # here:			
Advisor Signature Please detach and give	to Proposed Insured.					
RECEIPT	NOTICE TO OWNER: If the	e application for reinstatem	nent is not accepted	this payment will be refunde		
BMO (A) [®] Insurance	Lapsed Policy No	, Year, Year				
O Yonge Street pronto, Ontario, Canada M5E 1H5	Received From					

It is agreed that no rights or benefits are created or acquired by the owner by reason of the payment acknowledged until application for reinstatement of the lapsed policy is approved by the Company and a certificate of reinstatement is issued by the Company during the continued good health and insurability of the Life Insured.

Medical Information Bureau-Notice

Information regarding your insurability will be treated as confidential. BMO Insurance or its Reinsurer(s) may, however, make a brief report to the Medical Information Bureau, a non-profit membership organization of life and health insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau Member Company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

BMO Insurance or its Reinsurer(s) may also release information to other life or health insurance companies to whom you apply for life or health insurance, or to whom you submit a claim for benefits. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file you may contact the Bureau and seek a correction. The address of the Bureau's Information Office is: Medical Information Bureau, 330 University Avenue, Toronto, Ontario M5G 1R7, telephone (866) 692-6901. BMO Insurance or its reinsurer(s) may also release information in its files to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

BMO Insurance privacy and confidentiality notice

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, advisors, 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