

|                   |   |   |
|-------------------|---|---|
| <b>Contact Us</b> | If you bought your coverage through an Independent Insurance Advisor, contact your Advisor or contact:<br>1-800-387-4483 • Fax 1-866-716-8999<br><a href="mailto:insurance.clientservices@bmo.com">insurance.clientservices@bmo.com</a> | If you bought your coverage directly through BMO Insurance, contact:<br>1-800-387-9855 • Fax 1-877-279-2656<br><a href="mailto:insurance.DirectAdmin@bmo.com">insurance.DirectAdmin@bmo.com</a> |
|                   |   |   |

### Name Change or Correction

- Use this form to advise BMO Life Assurance (BMO Insurance) of a change to the first and/or last name of an individual or a corporate name change.
- For an Individual name change, submit a copy of valid government-issued photo identification (e.g. Canadian passport or driver's license).
- For a Corporate name change submit supporting documents (example: Articles of Amendment, copy of the Official Document of Certificate used by Provincial Authority or other applicable legal documents). For Universal Life products, please also complete the Verification of Identity and Third Party Determination [form, 576E](#) and Declaration of Tax Residence for Entities [form, RC519](#).
- Do not use this form for a transfer of ownership. Use Change of Policy Ownership [Form 409E](#).

### Section A – Policy Information

#### Policy Number(s)

|  |  |
|--|--|
|  |  |
|  |  |

### Section B – Name Change

#### Name Change of:

|                    |     |
|--------------------|-----|
| Policy Owner from: | To: |
| Life Insured from: | To: |
| Annuitant from:    | To: |
| Beneficiary from:  | To: |

### Reason for Change

Marriage  
 Correction  
 Divorce  
 Adoption  
 Other: \_\_\_\_\_

### Section C – Signatures

|  |                    |
|--|--------------------|
| Signature of Policy Owner #1 and Title (if applicable)<br><b>X</b><br>For Corporately owned policies. I have authority to bind the company | Date (dd/mmm/yyyy) |
| Signature of Policy Owner #2 and Title (if applicable)<br><b>X</b><br>For Corporately owned policies. I have authority to bind the company | Date (dd/mmm/yyyy) |