

Application for Optional Creditor Insurance - Mortgage Disability Insurance  
("Accident and Illness Mortgage Protection")  
Bank of Montreal ("the Bank") Group Policy No. 51007-G Part C ("the Policy")  
Underwritten by Sun Life Assurance Company of Canada ("the Insurer")

Branch Domicile Stamp

Branch Transit #  
2515

Mortgage Number  
25152

Application for: (check one)  
☐ insurance on a new mortgage  
☐ change to current insurance on an existing mortgage  
☐ insurance on an assumed mortgage

A. PROPERTY ADDRESS:

Number & Street \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Anticipated date of mortgage closure (dd/mm/yyyy): \_\_\_\_\_

B. WHAT YOU SHOULD KNOW

Definitions used in this application and Certificate of Mortgage Disability Insurance

"Applicant" refers to any person named as the borrower (includes a co-borrower), guarantor or spouse of a borrower on the Mortgage  
"I" and "my" and "you" or "your" refer to either Applicant 1 or Applicant 2.

"Mortgage" refers to the Mortgage agreement, as identified above as Mortgage Number that exists between you and the Bank.  
"Mortgage Payment" refers to the contractual payment due under the Mortgage and may be weekly, bi-weekly, semi-monthly or monthly in frequency, comprising principal,

interest and, where applicable, property taxes and life insurance premiums.  
"Maximum Insurable Limit" refers to the \$3,000 maximum benefit per month for which you can be insured.

C. YOU AND YOUR MORTGAGE (to be completed by the Bank)

Applicant 1: Mr ☐ Mrs ☐ Ms ☐ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth date (dd/mm/yyyy): \_\_\_\_\_

Applicant 2: Mr ☐ Mrs ☐ Ms ☐ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth date (dd/mm/yyyy): \_\_\_\_\_

Applicant 1: Based on your age on the date of this application, the rate per \$100 of Mortgage Payment is \$ \_\_\_\_\_

Applicant 2: Based on your age on the date of this application, the rate per \$100 of Mortgage Payment is \$ \_\_\_\_\_

D. INSURANCE SELECTION (to be completed by you)

IMPORTANT:

You are eligible to apply for insurance coverage if, on the date of application:

- You are a borrower, spouse of a borrower or a guarantor on a BMO Homeowner Mortgage,
- You are at least 18 years of age and not yet 65 years of age,
- You are a Canadian resident, and
- You are actively at work, which means you are regularly working a minimum of 25 hours per week and able to perform the normal tasks of your job. For seasonal workers, you must be capable of performing your regular duties.

Applicant 1 (check as applicable)	Applicant 2 (check as applicable)
I wish to apply for: <input checked="" type="checkbox"/> MORTGAGE DISABILITY INSURANCE - Select: <input checked="" type="checkbox"/> 50% COVERAGE OR (AIMP) <input type="checkbox"/> 100% COVERAGE	I wish to apply for: <input checked="" type="checkbox"/> MORTGAGE DISABILITY INSURANCE - Select: <input checked="" type="checkbox"/> 50% COVERAGE OR (AIMP) <input type="checkbox"/> 100% COVERAGE
• Go to Section E.	• Go to Section E.
I do not wish to apply, or am ineligible for: <input type="checkbox"/> MORTGAGE DISABILITY INSURANCE (AIMP)	I do not wish to apply, or am ineligible for: <input type="checkbox"/> MORTGAGE DISABILITY INSURANCE (AIMP)
Initial here: _____	Initial here: _____
• Go to Section G.	• Go to Section G.

E. HEALTH QUESTIONS

Any concealment, misrepresentation or false declaration concerning this application may result in your insurance becoming void.  
If you are unsure how to answer the applicable Health Question answer 'Yes' and the Insurer will contact you directly to review your health information.

Health Question # 1

In the past 3 years, have you received any treatment for (including taking pills, injections or other medications), consulted a physician or health practitioner for or been diagnosed as having:

- Chest pains related to the heart or for which a cause has not yet been determined, circulatory illness or heart disorder (including irregular heart beat and coronary artery disease (CAD)), high blood pressure or stroke (including transient ischemic attack (TIA));
- Cancer, leukemia, tumour, disorder of the brain or of the nervous system (including paralysis, multiple sclerosis and muscular dystrophy), digestive or intestinal disorder, kidney or liver trouble (including hepatitis), diabetes, arthritis or prostate trouble (excluding benign prostatic hyperplasia (BPH));
- AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS related Complex), or HIV (Human Immune Deficiency Virus) or any disorder of the immune system, lupus, bleeding or blood disorder, lung or respiratory disorder;
- Mental or psychiatric condition (including depression and anxiety);
- Chronic fatigue syndrome or fibromyalgia;
- Alcohol, drug or substance abuse?

Applicant 1  
Yes No  
☐ ☐

Applicant 2  
Yes No  
☐ ☐

Health Question # 2

In the past 3 years, have you had any of the following disorders which lasted longer than 3 weeks and/or which required time off work or hospitalization:

- Sprains, strains or other problems of the muscles, bones, ligaments, tendons, back, neck, shoulders, hips, elbows or any other joints?

Applicant 1  
Yes No  
☐ ☐

Applicant 2  
Yes No  
☐ ☐

1 - Branch 2 - Customer 3 - Insurer (In all cases when applying for insurance)



- If you answered "No" to the health questions, the Insurer will approve your application with no further health evidence.
- **If you answered "Yes" to a health question, please complete the chart below.** The Insurer will require you to complete a confidential telephone interview and will advise you of the status of your application. The information will become part of the Application for Insurance. Your coverage will not take effect until you have received written approval from the Insurer. A copy of the telephone interview is available upon request.

Contact Information for Applicant 1		Contact Information for Applicant 2 Same as Applicant 1 <input type="checkbox"/>	
Primary contact number	( )	Primary contact number	( )
Alternate telephone number	( )	Alternate telephone number	( )
Preferred Time of Contact	AM <input type="checkbox"/> PM <input type="checkbox"/>	Preferred Time of Contact	AM <input type="checkbox"/> PM <input type="checkbox"/>
Mailing address number & street		Mailing address number & street	
city CALGARY		city	
province ALBERTA	postal code	province	postal code

#### F. YOUR AUTHORIZATION AND DECLARATION - only when you are applying for insurance

By signing this application, you agree that:

- This insurance is optional.
- The Bank can use, and exchange with the Insurer, your personal information relating to this application for the purpose of administering your coverage under the Policy. The Bank can retain a copy of this application in their files.
- Any concealment, misrepresentation or false declaration concerning this application may result in your insurance becoming void.
- The Bank or its representative is not an agent of the Insurer and has no authority to amend or waive any conditions of this application, the Certificate of Mortgage Disability Insurance or the Policy, or to act on behalf of the Insurer in settling claims.
- The Bank receives compensation from the Insurer for the administration of this insurance.
- An insurance premium debited to your account in error does not make insurance effective.
- You may cancel your insurance at any time. If you cancel within 30 days of signing this application, you will receive a full refund of any premiums paid, and the insurance will never have been in force. Cancellations thereafter will not receive a premium refund except where premiums may have been debited in error.
- You have received and been given the opportunity to read the Certificate of Mortgage Disability Insurance and agree to be bound by its terms, limitations and exclusions.
- The Maximum Insurable Limit is \$3,000 per month, per person insured and is payable for up to a maximum of 24 months per Disability.
- For Quebec only: You have received a Distribution Guide.
- You require that this application and any related documents be drawn up in English. Vous requérez que la présente proposition et tous les documents s'y rattachant soient rédigés en anglais.
- The Insurer, its agents, and service providers may collect, use and exchange information needed for underwriting, administration and adjudicating claims under the Policy with any person or organization who has relevant information about you in connection with this application, including health care practitioners and institutions, investigative agencies, other insurers and reinsurers. A copy of this authorization will be as valid as the original.

#### G. YOUR SIGNATURE - required in all cases

Applicant 1	Signature _____	Date (dd/mm/yyyy) _____
Applicant 2	Signature _____	Date (dd/mm/yyyy) _____

#### A MESSAGE FROM YOUR INSURER

**Respecting Your Privacy**  
At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with insurance products. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us. To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or send a written request by e-mail to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5 and a copy of our Privacy Brochure will be sent to you. If you have any questions, you may call the Insurer at 1-877-271-8713.

Bank Representative Name (print) \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail \_\_\_\_\_

1 - Branch 2 - Customer 3 - Insurer (In all cases when applying for insurance)