BMO Life Assurance Company
60 Yonge Street, Toronto, ON M5E 1H5
1-877-742-5244 • 416-596-4143 Fax

FINANCIAL QUESTIONNAIRE - PERSONAL COVERAGE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

Amount applied for: _____ Beneficiary(ies): _____

Amount of Insurance In Force or Pending	Purpose of Insurance	Year Issued (If pending, please state so)	WP and/or ADB Amount

Purpose: ☐ Estate Preservation ☐ Creditor ☐ Income Replacement ☐ Other: _____

How was the amount determined? _____

PERSONAL INCOME AND NET WORTH

ANNUAL EARNED INCOME

Salary (Draw if Self-Employed): $ _____

Bonus: $ _____

Commission: $ _____

Other Earnings $ _____

$ _____

$ _____

Total Earned Income: $ 0.00

ASSETS

Cash: $ _____

Life Insurance Net Cash Value: $ _____

Real Estates: $ _____

Business Equity: $ _____

Stocks (not including above): $ _____

Bonds $ _____

Other: $ _____

$ _____

Total Assets: $ 0.00

ANNUAL UNEARNED INCOME

Dividends: $ _____

Interest: $ _____

Net Rentals: $ _____

Other: $ _____

$ _____

$ _____

Total Unearned Income: $ 0.00

LIABILITIES

Mortgages: $ _____

Personal Loans: $ _____

Liens/Judgements: $ _____

Other: $ _____

$ _____

Total Liabilities: $ 0.00

NET WORTH: $ 0.00

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20 _____

Witness

Proposed Insured

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