

Advisor Profile

BMO Life Assurance Company
60 Yonge Street, Toronto, ON M5E 1H5
1-877-742-5244 • 416-350-7600 Fax

(New Advisor Code Request/Pay Instructions, Banking Information)

To ensure the confidentiality of the personal information held concerning you, BMO Life Assurance Company will establish a Representative contract file in which information concerning your application for a Representative Agreement will be placed, as well as information relating to any request concerning the performance of this contract.

Section 1: Advisor Contact Information - The information you provide will be used by BMO Life to create your Advisor profile and for tax purposes.

Last Name		First Name		Initial	
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Preferred Language English <input type="checkbox"/> French <input type="checkbox"/>		Social Insurance No.	Date of Birth (dd/mm/yyyy)
Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>				Male <input type="checkbox"/> Female <input type="checkbox"/>
New Code	Dealer Rep Code (segfund business)		Other Existing Code(s) with BMO		
Advisor Mailing Address					
Telephone No.		Fax No.		Cell No.	
Email Address (personal not generic) Generates password for Advisor Support website, system can accommodate only 1 email address.					

Section 2: Instructions for New Advisor Code Request

- Attach a copy of the Advisor's Licence and Errors & Omissions Insurance Certificate
- New Business or an Agent of Record Change is required to contract a new Advisor
 - ☐ Life business application # _____ ☐ SegFund
 - ☐ Agent of Record Change
- Email a copy of this request to insurance.agencyservices@bmo.com to obtain an Advisor code prior to submitting business

Section 3: Payee/Licensed Corporation Information (Please provide the name(s) of the Principal(s))

Payee Name	Principal Name (if other than Advisor)	Payee Advisor Code
Payee Mailing Address		
Telephone No.	Fax No.	Email Address

Section 4: EFT Information:

- **Copy of imprinted void cheque or Bank Pre-authorized deposit Form** (Name on the void cheque or on the Bank Pre-authorized deposit Form should match the name on the licence. Bank Pre-authorized deposit Form must bear the bank stamp and the signature of an authorized bank employee).

Section 5: Pay Instructions

Advisor Override Rate: _____%	Dealer Rep Percentage Split _____%
The MGA directs BMO Life Assurance Company to pay compensation to the Producer as noted above. Changes will be made effective with New Business received after this change form has been accepted at BMO Life Assurance Company Head Office.	

AGA Information

Name	AGA Code	AGA Override Rate
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MGA Information - to be completed by MGA/Dealer

Name	MGA Code	Dealer Code	
Contact Name and Email address	Telephone No.	Fax No.	

X

Authorized Signature of MGA/Dealer

Date