

Advisor Profile / New Advisor (Quick) Code Request

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.

Advisor Contact Information - The information will be used by BMO Life to set up the Advisor file and for tax purposes.

Last Name		First Name		Initial	
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Preferred Language English <input type="checkbox"/> French <input type="checkbox"/>	Social Insurance No. - -		Date of Birth (dd/mm/yyyy) dd/mm/yyyy	
New Code	Other Existing Code(s) with BMO				
Advisor Contact Address					
Telephone No. (000) 000-0000		Fax No. (000) 000-0000		Cell No. (000) 000-0000	
Email (personal not generic) Generates password for Advisor Support website, system can accommodate only 1 email address.					

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

Principal Name (if other than Advisor)		Code
Business Address		
Telephone No. (000) 000-0000	Fax No. (000) 000-0000	

Requirements (when requesting a new Advisor code)

- Copy of Licence
- Copy of Errors & Omissions Certificate
- If new business submitted please provide the application number(s) _____
- Date application(s) signed dd/mm/yyyy

EFT Information: Copy of imprinted void Cheque (Name on the cheque should match the name on the licence).

X _____ / /
Signature of Advisor Date (dd/mm/yyyy)

AGA Information

Name	Code
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MGA Information - to be completed by MGA

Name	Code	Advisor Override Rate:
Contact Name and Email address	Telephone No. (000) 000-0000	Fax No. (000) 000-0000

X _____ / /
Authorized Signature of MGA Date (dd/mm/yyyy)

Please return original signed copy of this form with the contracting papers.



Reference Document:
**SCREENING AGENTS FOR SUITABILITY: STANDARD FORM FOR
CONTRACT OR SPONSORSHIP AND INSTRUCTIONS FOR ITS USE
(re: Guideline G8)**

The Standard Form for Contract or Sponsorship was developed as a tool for use by CLHIA member companies in connection with their screening activities. It is not mandatory to use this form, although the questions it contains are considered to be the minimum amount of information that would be required to properly commence screening.

Insurers who want to minimize any risk of a human rights violation are encouraged to conduct their screening in good faith, consistent with the following recommendations:

1. An insurer should not provide its Standard Form for Contract or Sponsorship to any agent for completion for screening purposes until after the insurer or its representative has met with the agent and conducted a face to face meeting (an "interview").
2. Following the interview, the insurer should not provide the agent with the Standard Form for Contract or Sponsorship for completion if it is not interested in the agent and should so advise the agent.
3. Following the interview, if the insurer is interested in the agent, any offer of contract or sponsorship should be made conditional upon completion of the Standard Form and conditional upon the insurer being satisfied, after investigation, that the applicant is suitable to carry on business as an agent.

Standard Form for Contract or Sponsorship PART A

1. General Information

a) Date: _____

b) Name of applicant: Mr. Mrs. Ms. Miss.

(firm name if company or partnership)

c) List other business or personal names used in the financial services sector in the last 5 years:

(corporation, business style, trade name or partnership)

d1) Are you a(n):

individual agent

corporation: corporate name _____

partnership

If a corporation or partnership, list principals/partners, shareholders _____

d2) Quebec Licensees: Are you a(n):

Independent Representative

Representative Attached to a Firm

Name of Firm _____

Independent Partnership

Firm _____ Name of Firm _____

e) Social Insurance Number: _____

f) Are you legally entitled to work in Canada?Yes No

g) Driver's License Number: _____

2. Business address(es) over last 5 years

Most recent

Address: _____ Apt. No. _____

City: _____

Province: _____ Postal Code: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Previous

Address: _____ Apt. No. _____

City: _____

Province: _____ Postal Code: _____

3. Home address(es) over last 5 years

Most recent

Address: _____ Apt. No. _____

City: _____ Province: _____

Postal Code: _____ Phone: () _____

E-mail Address: _____

Previous

Address: _____ Apt. No. _____

City: _____ Province: _____

Postal Code: _____

4. Other business affiliations

a) Do you conduct, or are you associated with, any other business other than those specified in #1 above?.....
.....Yes No

If "yes", give details, including name, location and nature of business in section 10 at the end of this form.

b) Are you a partner, officer or director or in a non-arms length relationship with any other business?Yes No

If "yes", give details, including name, location and nature of business in section 10 at the end of this form.

5. Insurance Companies

List, in order of total volume, the five insurance companies with which you have placed the most policies in the last 5 years. Indicate the lines of business for each company by a check mark under the corresponding product.

Co. Name	Are you still associated with co.?		No. of Yrs	Lines of Business			Persistency For Life Products (if known) (%)
	Yes	No		Life	Ann.	*Other	

*Example: disability, health

6. References

For applicants licensed for less than a year please provide three business references. Preferably, one reference must be from a company last transferred/worked:

1. Name & Title: _____

Co. Name: _____ Phone: _____

2. Name & Title: _____

Co. Name: _____ Phone: _____

3. Name & Title: _____

Co. Name: _____ Phone: _____

7. Formal Education and Designations

a) Highest education level attained:

elementary school

secondary school

CEGEP:

Institution _____

university or college:

degree/diploma _____

Institution _____

post graduate:

degree _____

Institution _____

b) Have you taken the LLQP courseYes No

Full Course

Part A

▶ If Part A, have you enrolled in Part B?.....Yes No

c) Do you have any of these or other designations?

Indicate year attained.

FLMI yr. _____

RFP yr. _____

CLU yr. _____

CFP yr. _____

CH.F.C. yr. _____

Any other Professional Designation(s)

_____ yr. _____

_____ yr. _____

_____ yr. _____

If you are presently working on any of the above mentioned, please list:

8. Personal Profile

If you answer "yes" to any of the following questions, provide a full explanation in section 10.

a) Have you ever been under any legal order to make monetary payments to another person or business entity, including spousal support if registered?Yes No

b) Have you ever had your wage garnished?Yes No

c) Are you currently indebted to any insurer or MGA or other financial services companies? ...Yes No

(If yes, specify name of creditor, anticipated duration of debit, existing amount, when debt commenced, repayment schedule, conditions for repayment)

d) Have you ever been declared bankrupt or made a voluntary assignment into bankruptcy, or made a consumer proposal under any legislation relating to bankruptcy or insolvency, or are you currently an undischarged bankrupt or conditionally discharged bankrupt?Yes No

(If yes, include trustee's name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy or proposal)

e) Have you ever been a controlling shareholder, or officer of a corporation that was declared bankrupt, or placed in receivership, or made a voluntary assignment in bankruptcy, made a proposal under any legislation relating to bankruptcy or insolvency, or is currently not discharged or conditionally discharged?Yes No

(If yes, include trustee's name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy, receivership or proposal)

Standard Form for Contract or Sponsorship PART B

*The following pages must be answered, signed and submitted with each application for contract:
(Originals only, no photocopies)*

Name of Applicant _____
(print)

11. Insurance Company

Have you ever submitted business to our company? Yes No

If yes, indicate the name through which this business was submitted _____

12. Licenses/Registrations currently held

Please attach a copy of your life and/or accident and sickness licence.

*Type of License	No. of years held	Any interruptions in licensing? If yes, give details in section 10		License Number	Level (if applicable)	Prov. or Terr.	Expiry/Renewal Date	Sponsor or Dealer
		Yes	No					

* Life Insurance; A&S Insurance; Property & Casualty; Mutual Funds; Securities; Mortgage Broker; Real Estate Agent; Full LLQP or restricted LLQP; Other

13. Errors and Omissions Coverage

a) Do you have Errors and Omissions Coverage? Yes No
(If no, please explain below)

Please attach a copy of your E&O certificate.

b) Has any policy or application for errors and omissions insurance on your behalf ever been declined, cancelled or renewal refused? Yes No
(If yes, please explain below)

14. Declarations

I expressly hereby declare that the information I have provided in this Standard Form for Contract or Sponsorship is complete and accurate in every respect, as of the date of signing.

I agree that the below named company (hereinafter the "Company") can verify my background information using an independent source concerning my credit record, my business record, my record of criminal convictions, and any other information relevant to my application to and sales relationship with the Company.

I understand and agree that I must execute and deliver the enclosed consent and authorization to the Company.

I agree to notify and provide updated information to the Company within 10 business days, should there be any change in the information provided herein or in my ability to legally continue to sell life insurance and/or accident and sickness insurance.

I understand that a false statement or material omission including a failure to provide updated information may disqualify me from consideration for a contract to sell life insurance and/or accident and sickness insurance as an agent with the Company or result in the subsequent termination for cause of my business relationship with the Company and may cause the Company to report me to an insurance regulator.

Date

Signature of Applicant

I have interviewed the above named Applicant and I am aware of nothing which precludes me from reasonably recommending the Applicant for contract or sponsorship with the below named Company.

Date

Signature of Manager or MGA

Name of Company

Company Representative

Consent and Authorization

To whom it may concern:

I have applied to the below-named company (the "Organization") for a contract to sell life insurance and/or accident and sickness insurance as an agent or I am currently under contract to sell life insurance and/or accident and sickness insurance as an agent for the Organization. Part of the contracting process and the ongoing review of my performance, or my agency's performance, is an investigation of my personal background. These investigations are conducted by the Organization and/or its authorized agent.

I have sold financial services including insurance as principal through the following business styles, trade names, corporation or partnerships ("Listed Entities")
(leave blank if none):

I make this authorization on behalf of myself and as authorized representative of the Listed Entities.

I hereby authorize and direct you to release to the Organization information contained in your files concerning my agency, my employment, my business records, my education record, my credit record including records pertaining to the listed entities and/or any other information relevant to a contract to sell life insurance and/or accident and sickness insurance as an agent with the Organization.

On behalf of myself and the Listed Entities, I specifically authorize the Organization to:

- obtain a criminal activity clearance report from any police agency or government; information concerning certificates, licenses and registrations; any information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations;
- exchange information with any regulator, professional registry or database, insurance company, financial institution, personal information agents or detective and security agencies or organizations whose functions are the prevention, detection or repression of crimes or offenses, market intermediaries, my employer or ex-employer, including all personal information which could be collected through verification of my application for employment or contract and ongoing performance.

I understand that the Organization will establish a file concerning my application or a contract and subsequent performance and that the personal information contained in this file will be consulted by the Organization's employees and its authorized agents in relation to my contract to sell life insurance and/or accident and sickness insurance as an agent. The file will be kept at the Organization's offices. I may consult the personal information contained in this file and, if applicable, have it rectified. A photocopy of the present consent has the same value as the original.

Upon request to any professional registry or database established by the industry and holding information about me, I shall be informed of the existence, use and disclosure of personal information and I shall be given access to that information for purposes of accuracy and completeness.

I further authorize the Organization to use my social insurance number in its files pertaining to me.

These authorizations shall be valid until the earliest to occur, of when it is revoked in writing by the Applicant, or 12 months after the Applicant ceases to receive any commission earnings from or through the Organization.

Applicant's name: _____ signed at _____ this _____.

Applicant's signature: _____

Organization: BMO Life Assurance Company

Address: 60 Yonge Street, Toronto, ON M5E 1H5

REPRESENTATIVE AGREEMENT

Representative: _____

BMO LIFE ASSURANCE COMPANY (herein referred to as "BMO Insurance") hereby authorizes the Representative, named above, (herein referred to as "Representative") to solicit applications for BMO[®] Insurance's products as set forth in the Schedules of Commission as are issued by BMO Insurance at the time and place such applications are obtained, subject to the terms and conditions of this Representative Agreement (herein referred to as the 'Agreement').

1. REMUNERATION

BMO Insurance agrees to pay and the Representative agrees to accept as full and complete remuneration for his services under this Agreement while it is in force, compensation specified in the "Schedules of Commission", which Schedules shall be subject to change from time to time by 30 day written notice by BMO Insurance.

2. EFFECTIVE DATE

This Agreement shall be binding only when signed by the Representative and an authorized BMO Insurance official, and shall become effective on and from _____ 20____ (herein referred to as the "Effective Date").

3. GOVERNING LAW

The construction, validity and performance of this Agreement shall be governed by the laws of the Province or Territory in which the Representative resides at the time the Agreement is signed.

4. GEOGRAPHY

The Representative is appointed as a Representative of BMO Insurance in Canada but without exclusive rights therein and the Representative hereby accepts such appointment. BMO Insurance hereby expressly reserves the right to itself to appoint other persons to sell BMO Insurance's products or to limit the Provinces in which the Representative can solicit applications.

5. PREVIOUS CONTRACTS

This Agreement and all commission schedules attached hereto and any future amendment thereto by BMO Insurance or any other document which, under the provisions of this Agreement, amends this Agreement, constitute the entire agreement between the parties with regard to the kind or kinds of insurance set forth in the Schedules of Commission and any amendment thereto, and supersedes all previous agreements entered into between the parties or promises made with regard to this subject matter and any other previous agreements, promises, or representations of any kind whatsoever respecting the relationship between the parties hereto. The word "Agreement" shall be understood and agreed to include any and all Schedules of Commission and other documents attached in accordance with the terms and conditions herein provided.

6. INTERPRETATION

In this Agreement male pronouns, whenever used, shall include female pronouns and any partnership, corporation or other entity.

7. COMPANY/REPRESENTATIVE RELATIONSHIP

Nothing contained herein shall be construed to create the relationship of employer and employee between BMO Insurance and the Representative.

8. CONDUCT

The Representative shall act at all times in accordance with the "Code of Ethics" as adopted by the Life Underwriters Association of Canada as amended from time to time and BMO Insurance's "Code of Conduct" which embodies the professional ethics of the Life Underwriters Association of Canada.

9. COLLECTIONS, TRUST ACCOUNTS

All monies, cheques or other documents in respect of any insurance and/or annuity policy, received or collected by the Representative for and on behalf of BMO Insurance, will be immediately forwarded to BMO Insurance. In any Province which requires that the Representative establish a trust account, the Representative shall hold in trust all money collected for BMO Insurance and immediately turn it over to BMO Insurance without any deduction whatsoever.

10. DELIVERY OF POLICY

The Representative agrees to promptly transmit to BMO Insurance all insurance applications and premiums for BMO Insurance's products received by the Representative and to deliver to the applicant all insurance policies and/or annuities transmitted to him by BMO Insurance. However, the Representative will not deliver any insurance policy, issued by BMO Insurance, to any person unless the person on whose life the insurance policy is issued is at the time in good health, and the Representative will not, in any case, deliver to any person any insurance or annuity policy or renewal receipt of BMO Insurance unless the premium due thereon has been actually paid.

11. COMPANY BOOKS, MANUALS, COMPUTERS AND EQUIPMENT

Notwithstanding that this Agreement may have been terminated, the Representative will:

- i) promptly deliver in good order to BMO Insurance on demand by BMO Insurance all records, documents, manuals, stationery, forms and all other books and papers relating in any way to the business of BMO Insurance which records,

- documents, manuals, books and papers the Representative hereby acknowledges are the exclusive property of BMO Insurance; and
- ii) promptly return in good order on demand by BMO Insurance all computer equipment (including hardware and software) or similar material given to him by BMO Insurance. BMO Insurance will have the right to inspect, from time to time both while the Agreement is in force and following its termination, all records, documents, manuals, stationery, forms and all other books and papers which are in the possession of the Representative and which relate in any way to the business of BMO Insurance. The Representative will cooperate in providing such information and assistance as may be necessary to permit such audit.

12. REPAYMENT OF INDEBTEDNESS

BMO Insurance shall have the right at all times to set off against any sum due to the Representative hereunder, any debt, obligation, or liability due or owing by the Representative to BMO Insurance. The setting off shall not create a cause of action for the Representative against BMO Insurance, when there is a debt or obligation of the Representative due to BMO Insurance.

13. LICENCE

The Representative will at all times comply with all applicable laws and regulations of the jurisdiction in which he may solicit business hereunder, and before soliciting any such business he shall obtain and thereafter maintain in effect any licence which he may be required to hold by law.

14. NO ALTERATIONS OF DOCUMENTS

The Representative shall not make any alterations, additions or erasures on any of the documents belonging to BMO Insurance which may from time to time be in the possession of the Representative.

15. REPRESENTATIVE'S AUTHORITY

Without the prior written approval of BMO Insurance, the Representative shall not negotiate, or enter into contracts and/or agreements on behalf of BMO Insurance and BMO Insurance shall not be bound by any contracts and/or agreements made by the Representative. This clause shall not affect or prejudice the Representative's right to solicit applications for insurance and/or annuities for the purposes of concluding insurance contracts between any person and BMO Insurance. The Representative has no authority to make, modify or discharge any insurance or annuity contract, nor to waive any forfeitures, nor to incur any liability or debt for or against BMO Insurance, nor to receive any monies due or to become due to BMO Insurance, except on premium notices, which have been sent to the policy owner, and then only provided that the terms and provisions contained in the said notices shall be strictly complied with and the Representative has no authority to credit or remit premiums not actually or properly received in accordance with the insurance contract and the instructions of BMO Insurance, and his powers shall extend no further than as expressly stated in this Agreement. The Representative may exercise his own judgment as to the persons from whom he will solicit applications for insurance and/or annuity policies and the time and place of solicitation provided that he agrees to do nothing which is not in the best interests of BMO Insurance, its policy owners, and its applicants for insurance and/or annuities.

16. ADVERTISING OR PUBLICATIONS

The Representative shall not publish or cause to be published any advertisement concerning BMO Insurance in any newspaper, magazine or publication whatsoever without the prior written authority of BMO Insurance; nor shall he issue, distribute or cause to be issued or distributed any circular or write or cause to be written any letters to any newspaper, magazine or publication concerning BMO Insurance without first obtaining the written approval of BMO Insurance. If any lawsuits shall be brought against BMO Insurance in consequence of any unauthorized action or statement of the Representative, all costs and damages arising there from shall be borne by the Representative personally.

17. REBATING

The Representative shall not pay or allow, or offer to pay or allow as an inducement to any person to insure, any rebate of premium or any inducement whatsoever not specified in the insurance policy.

18. ASSIGNMENT

The Representative shall not transfer or assign any rights or obligations under this Agreement without the prior written consent of BMO Insurance, which consent may be withheld by BMO Insurance. BMO Insurance does not assume responsibility for or guarantee the validity of any assignment so consented to.

19. TERMINATION

This Agreement will terminate immediately upon the death of the Representative (any compensation remaining due will be paid to his heirs, executors, successors or permitted assigns as provided for in the Schedules of Commission of this Agreement, as if this Agreement were still in force). This Agreement will terminate immediately upon and on the happening of any one of the following, which are identified as "just Causes", and the Representative shall thereupon cease to be entitled to act under this Agreement and the Representative, or his heirs, executors, successors or permitted assigns shall thereupon cease to be entitled to receive any payment under this Agreement.

"Just Causes" shall include any of the following:

- (I) the Representative committing any act of fraud, or any other unlawful act; or
- (II) the placing with BMO Insurance by the Representative of business which was not solicited by the Representative; or
- (iii) the Representative failing to report and pay over to BMO Insurance premiums collected by him as provided herein; or
- (iv) the Representative violating any of the provisions hereof or assigning any right or interest which he has or may have hereunder without the written consent of BMO Insurance; or
- (V) the Representative violating any term or condition of this Agreement; or
- (vi) the Representative failing to return all undelivered insurance policies to BMO Insurance on demand; or
- (vii) the Representative failing to follow BMO Insurance's rules as defined in BMO Insurance's Broker's Kit, BMO Insurance's Code of Conduct or such other written rules or guidelines as may be issued to the Representative by BMO Insurance from time to time; or

(viii) the Representative failing to observe all statutory requirements, any guidelines published by the Canadian Life and Health Insurance Association or any rules or regulations of any association to which the Representative belongs.

This agreement may be terminated by either party without cause and for any reason whatsoever by either party giving the other at least (30) days' prior written notice.

Termination of this Agreement shall not release the Representative from any indebtedness to BMO Insurance and until such indebtedness is repaid, any remaining compensation, of any kind, falling due shall be set off.

20. NOTICES

Any notice under this Agreement will be deemed to have been given by BMO Insurance to the Representative when such notice is delivered to the Representative at his last known address shown on the records of the Head Office of BMO Insurance. Both notice to BMO Insurance and to the Representative shall be effective as of the date of mailing. Compensation will continue to be paid in accordance with the terms of this Agreement and the "Conditions Governing Compensation" then in effect.

21. COMPENSATION, SERVICE FEES AT TERMINATION

Any policy year's compensation and service fees due to the Representative by BMO Insurance after the termination of this Agreement shall first be used to offset any amounts due BMO Insurance by the Representative. Any amounts due the Representative may be held by BMO Insurance from the date of termination of this Agreement to allow time to determine the final amount.

22. ERRORS AND OMISSIONS INSURANCE

The Representative will obtain at his expense satisfactory errors and omissions and liability insurance satisfactory to BMO Insurance and will provide to BMO Insurance proof of such coverage upon demand.

23. REPLACEMENT PROHIBITION

The Representative shall not, for a period of two years from the date of termination of this Agreement, either personally or on behalf of another individual, corporation, partnership or association, either alone or in conjunction with any other individual, corporation, partnership, or association, contact or solicit any persons, directly or indirectly, to cancel, lapse, forfeit or surrender a policy of insurance with BMO Insurance in order to effect a policy of insurance with another insurer.

(a) "Persons" as referred to in sub-paragraph (23) shall include:

- (i) any persons who are policyholders of BMO Insurance and its affiliates, as of the date of termination of this Agreement, and
- (ii) any persons who are policyholders of BMO Insurance or policyholders of BMO Insurance's affiliates and who are known by the Representative to be policyholders of BMO Insurance or policyholders of BMO Insurance's affiliates as of the date of termination of this Agreement, and
- (iii) any persons who are policyholders of BMO Insurance or policyholders of BMO Insurance's affiliates and whom the Representative has contacted or provides services to or otherwise approached as a Representative of BMO Insurance, as of the date of termination of this Agreement.

(b) For all purposes under this section (Replacement Prohibition) "policyholders" shall be defined to include, in addition to persons designated as an owner or beneficiary with respect to any of BMO Insurance's issued insurance policies, persons with respect to whom insurance applications are pending. Without prejudice to whatever other recourse which BMO Insurance may have in the event that the Representative violates any of the provisions of the "Replacement Prohibition" section hereof, including without limitation, an action in damages, BMO Insurance shall have the right to obtain an injunction enjoining any such violation. The Representative hereby acknowledges that, in the event of any such violation, BMO Insurance will suffer irreparable harm and that an injunction is therefore a necessary remedy in the circumstances.

24. VARIATION, WAIVER

No terms of this Agreement will be deemed to be varied or waived unless such variation or waiver be in writing and states explicitly that it is intended to vary or waive the effect of such provision, term or condition and any variation or waiver so given shall not of itself constitute a variation or waiver of any subsequent breach of such provision, term or condition or of any other provision, term or condition of this Agreement.

25. INVALIDITY

In the event that in any legal proceedings before a competent tribunal in any jurisdiction, it is determined that any section, paragraph or subparagraph of this Agreement or any part of the same is invalid, that section, paragraph, or sub-paragraph or part thereof shall be deemed to be severed from the remainder of this Agreement for the purpose only of the particular legal proceedings in question, and this Agreement shall in every other respect continue in full force and effect.

IN WITNESS WHEREOF, BMO Insurance has executed this Agreement in duplicate and the Representative has hereunto set his hand in duplicate the day and year first above written.

Signed by the Representative at:

This _____ day of _____, 20 _____

Representative

Witness

Signed by BMO Insurance at Toronto, Canada

This _____ day of _____, 20 _____

Authorized Official of BMO Insurance

Recommended by:

Managing General Agent

IN THE EVENT THAT THE REPRESENTATIVE IS A CORPORATION, THE FOLLOWING GUARANTEE IS TO BE READ AND SIGNED.
GUARANTEE

(To be signed only in the event that the representative is a Corporation.)

To: BMO Life Assurance Company. ("BMO Insurance ")

IN CONSIDERATION of BMO Insurance entering into the foregoing Representative Agreement with the Representative named in such Agreement, the undersigned (the "Guarantor") hereby guarantees payment to BMO Insurance of all amounts owing from time to time by the Representative to BMO Insurance.

1. This Guarantee:

- (1) shall bind the Guarantor jointly and severally with the Representative;
- (2) shall be a continuing Guarantee and shall cover all amounts owed by the Representative to BMO Insurance whether present or future;
- (3) shall bind the Guarantor to pay when BMO Insurance shall demand payment of all such amounts owed;
- (4) shall not be discharged or affected by any act or omission of BMO Insurance, by the bankruptcy, death or loss of capacity of the Representative, by any change in the membership of the Representative if a partnership or by any change in the constitution of the Representative if a corporation or by the amalgamation of the Representative, if a corporation;
- (5) is in addition and is not in substitution for any other guarantee;
- (6) shall bind the Guarantor, its successors and assigns to BMO Insurance and its successors and assigns so long as the Guarantee has not been terminated by the Guarantor by written notice to BMO Insurance at its head office. Termination shall not relieve the Guarantor of the Guarantor's obligations under this Guarantee for any amounts owed by the Representative to BMO Insurance on the date of receipt of written notice of termination by BMO Insurance; and
- (7) shall survive the termination of the Representative Agreement and continue thereafter in full force and effect for the benefit of BMO Insurance.

2. BMO Insurance shall not be bound to exhaust its recourse against the Representative before being entitled to payment from the Guarantor of any amounts owed.

3. BMO Insurance may grant time, renewals, extensions, indulgences, releases and discharges or otherwise deal with the Representative with respect to any amounts owed as BMO Insurance may see fit from time to time without in any way limiting or lessening the liability of the Guarantor under this Guarantee.

4. Any demand for payment may be mailed to the Guarantor at the Guarantor's last address known to BMO Insurance and such demand shall have been deemed to be made from the date of mailing.

SIGNED, SEALED AND DELIVERED at _____ this _____ day of _____, 20 _____

Guarantor

Witness

SCHEDULES OF COMMISSIONS

SCHEDULE 'A' COMPENSATION PAYMENT RULES

1. FIRST YEAR COMMISSION (ANNUALIZED)

On premiums for the first policy year received by BMO® Insurance, the Representative shall receive First Year Commission at rates determined from the Schedules of Commission provided that, on premiums payable more frequently than annually, no commission shall be paid in respect of that part of the premiums charged because premiums are so payable.

2. JUMBO CASES

BMO Insurance shall have the right to limit the amount of annualized commission to be advanced on any one insurance policy. Such limitations shall be applied to those insurance policies where annualized first year commissions exceed a maximum level as determined from time to time by BMO Insurance.

3. RENEWAL COMMISSION

On premiums for subsequent policy contract years the Representative shall receive Renewal Commission at rates determined from the "Schedules of Commission".

4. SERVICE COMMISSION

Service Commission on individual life and health insurance products and annuity contracts is a continuing payment to compensate a licensed agent of record for service to a BMO Insurance policy owner on BMO Insurance insurance products for meeting their future needs.

5. VESTING

First year commissions and renewal commissions vest immediately for life in the name of the individual or company. Service fees do not vest.

6. CHARGEBACK RULES

First year commission paid to the Representative for insurance policies shall be subject to a chargeback to the Representative's account for the number of months following the date of issue, as specified for that policy in the Schedule of chargeback rules. If, during that period, the policy ceases to be in force, the amount of the chargeback depends on the number of months that the policy has been in force and will be equal to that first year commission multiplied by the appropriate percentage detailed in the Schedule of chargeback rules. The Representative agrees that any amounts charged back to him under this section shall be a debt due BMO Insurance by the Representative.

7. EXTRA PREMIUMS

No commission will be allowed on interim (Temporary) term premiums, on temporary extra premiums payable for less than five (5) years, on a flat extra premium for residence or for military or aviation service, on premiums waived by BMO Insurance, or on the extra premium charged to cover the extra mortality expected on products other than renewable term and Personal Accident Insurance issued on a substandard basis.

8. REINSTATEMENTS

If a contract issued on an application received through the Representative lapses and is not reinstated within a period of three months from the due date of the unpaid premium, the Representative shall have no further interest of any kind in the said contract if it is revived after the said period of three months unless the reinstatement is effected by him personally. When any insurance policy written under this Agreement is renewed, changed or converted to another form, and/or transferred to another Territory, all compensation payable, if any, pursuant to the "Schedules of Commission" shall be in accordance with BMO Insurance's rules in effect at that time.

9. CONTRACT OPTIONS

No commission or other remuneration of any kind shall be payable in respect of a contract issued by virtue of a conversion option contained in a Group Life contract or, except as herein provided, in respect of any contract issued by virtue of a guarantee or settlement option contained in a contract. However, commission as per the "Schedules of Commission" shall be payable on insurance contracts issued by virtue of any other option contained in any of BMO Insurance's insurance contracts or supplementary benefits. BMO Insurance reserves the right to change the "Schedules of Commission" in whole or in part, at any time by giving 30 days written notice to the Representative. The new rates, policy years, rules and conditions will apply as set forth in the "Schedules of Commission" to all business written subsequent to the effective date of such change. Commission for any policy plan not listed in the "Schedules of Commission" shall be as determined by BMO Insurance.

10. SUPPLEMENTARY BENEFITS

Commission on additional premiums for supplementary benefits shall be at the same rate as that applicable to the basic insurance contract unless the benefit is available as a separate contract in which case the commission will be at the same rate as that payable under a separate life insurance contract for comparable coverage.

11. AGENT OF RECORD

The Representative will have no claim for commissions on any business unless his name appears on the insurance application. In the case of any policy issued by BMO Insurance on an insurance application secured by the Representative with the assistance of another Representative, whose name also appears on the insurance application, the commissions on such policy shall be divided equally between such Representatives unless the Representatives and BMO Insurance have agreed in writing upon some other division.

12. RETURN OF PREMIUM

If BMO Insurance shall for any reason cancel an insurance contract and return the premium or premiums or any part thereof, or if BMO Insurance shall return any premium or premiums or any part thereof paid in advance of the due date thereof, the Representative shall pay to BMO Insurance any commission credited to him in respect of the amount returned and the Representative agrees that any such commission shall be a debt due BMO Insurance by the Representative.

13. RETURN OF EXCESS COMMISSION

If any amount shall have been credited to the Representative in excess of the amount provided by the terms of this Agreement, the Representative shall repay such excess to BMO Insurance and the Representative agrees that such excess shall be a debt due BMO Insurance by the Representative.

14. REPLACEMENT OF CONTRACTS

Where an insurance contract replaces another insurance contract on the same life for which first year commission has already been paid, the current "Schedules of Commission" shall not be used to determine the amount of the first year commission, if any. However, where the annual premium under the new insurance contract exceeds that which was payable under the replaced insurance contract, the total amount of the first year commission on the new insurance contract shall not be less than the first year commission which would be payable according to the current attached "Schedules of Commission" on the excess premium. Where the replacing insurance contract is a single premium contract no commission will normally be payable. An insurance contract shall conclusively be deemed to be replaced if within one year before or after the date of the application for a new insurance contract, the insurance contract lapses or is surrendered or if either the Paid-up or Extended Term Insurance Option is exercised, or if the insurance contract is changed at the request of the insured and the premium thereby reduced.

15. AGES 65 AND OVER

For individual insurance issued over age 65, if the premium on any policy or plan is greater than the corresponding single life premium at age 65, commission is based on the age 65 premium.

DIRECT DEPOSIT INFORMATION

Please submit this form to: **Agency Services Department**

New Request Change in Banking Information Cancellation Effective Date (dd/mm/yyyy) _____ / _____ / _____

Representative Name:		Broker Code(s):	
Business Address:		City	Province
		Postal Code	
Business Phone:		Email Address:	

Banking Information - ** The

	NATIONAL BEST FINANCIAL NETWORK #130, 3025 - 12 Street NE Calgary AB, T2E-7J2 Ph: (403) 590-4500 Fx: (877) 904-7715			002
	DATE 2 0 Y Y M M D D Y Y Y Y M M D D			\$ _____
PAY to _____ the order of _____			100 DOLLARS 	
 109, 77 CASTLERIDGE BLVD. N.E. CALGARY, ALBERTA T3J 3J8			VOID	
RE _____			PER _____	
@00 2# 1060890041 0608 525 255#				

Bank Name:			
TD Canada Trust		(All commissions [FYC & Bonuses] are assigned and Paid to National Best Financial Network Directly)	
Bank Address:		City	Province
109, 77 Castleridge Blvd. NE		Calgary	AB
		Postal Code	
		T3J-0J8	
Account Type:	Bank #	Transit # (5 digits)	Account #
Checking	004	06089	06085251255

Authorizations

I/We authorize BMO Life Assurance Company (BMO Insurance) to make deposit payments directly to the account described above. This authorization is valid until notice to cancel is received in writing by BMO® Insurance. BMO Insurance reserves the right to reverse any deposit made to your account in error.

Representative Signature _____ Date (dd/mm/yyyy) _____ / _____ / _____

BMO Insurance Privacy and Confidentiality Notice

BMO Insurance from time to time will request personal information in respect of your Representative Agreement and will use this information to ensure our records are up to date. BMO Insurance will also use and collect additional information from third parties to ensure your Representative file is complete. BMO Insurance will keep your information in a file in its offices and will not disclose information in that file except to those BMO Insurance employees, agents, its affiliates, and administrators who need access in order to administer the terms of your Representative Agreement and to provide you with marketing and administrative support. You may 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**

Head Office Use

Head Office Administrator _____ Date completed (dd/mm/yyyy) _____ / _____ / _____

BMO Life Insurance

To Whom It May Concern:

By this letter I, _____ assign all of my BMO Life compensation, F.Y.C. and Bonus, to National Best Inc. o/a National Best Financial Network, Code E000004708 .

Signature of Broker

Date

By this letter National Best Inc. o/a National Best Financial Network, as assignee, accepts all the compensation, F.Y.C. and Bonus, for the above broker.

Signature of Assignee

Date