

Employee Documentation

Designating your Beneficiaries

BMO/HARRIS EMPLOYEE SHARE PURCHASE PLANS BENEFICIARY DESIGNATION FORM				
In the event none of the persons named as Beneficiary survives me, my benefits shall be paid to my estate.				
I designate the following beneficiary(ies) to receive any benefit payable upon my death, subject to the terms of the Bank of Montreal/Harris Qualified Employee Share Purchase Plan or Bank of Montreal/Harris Nonqualified Employee Share Purchase Plan.				
GENERAL INFORMATION				
Employee Name				
Employee ID Number (EIN)	100	Last 4 digits of SSN		
Work Phone #		Work Location		
Home Address		City		
State	ZIP	OFFICE USE ONLY Date Received		
Reason for Completing this form (check one)	<input type="checkbox"/> Initial Beneficiary Designation		<input type="checkbox"/> Change in Beneficiary Designation	
BENEFICIARY INFORMATION				
Name	Address	Relationship	Social Security #	Date of Birth
1.				
2.				
3.				
INSTRUCTIONS: (Check one)				
<input type="checkbox"/> Distribute my benefits equally to the beneficiary(ies) named above who are living at my death.				
<input type="checkbox"/> Distribute my benefits to the first beneficiary who is living at my death in the order named above. For example, if beneficiary #1 is not living, distribute my benefits to beneficiary #2, etc.				
<input type="checkbox"/> Special instruction: _____				

I understand that this designation revokes all prior beneficiary designations.				
Employee Signature		Date		

RETURN COMPLETED FORM TO: HR Retirement Team
 Via regular mail – Aon Hewitt - HR Retirement Team
 4 Overlook Point, PO BOX 1556, Lincolnshire IL 60069-1556

OR FAX TO: 1-847-554-1438

