

You are completing this form as a joint investment account. With the exception of accounts operating in the Province of Quebec, all BMO InvestorLine joint accounts are Joint With Rights of Survivorship. Please refer to the Client Agreements booklet for details.

**A**

TELL US ABOUT THE CO-APPLICANT  
for investment accounts only

Citizenship<sup>†</sup> \_\_\_\_\_ Country of Residence<sup>†</sup> \_\_\_\_\_

**U.S. persons will need to complete a W-9 form. Please contact BMO InvestorLine or visit our web site for this form.**

Title \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address (no, street) if different from applicant \_\_\_\_\_

Suite No. \_\_\_\_\_ City or Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Phone (area code, no.) \_\_\_\_\_ Secondary Phone (area code, no.) \_\_\_\_\_ Ext. \_\_\_\_\_

Email \_\_\_\_\_ Marital Status \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

Suite No. \_\_\_\_\_ City or Town \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Date of Birth (YY/MM/DD) \_\_\_\_\_ SIN (required by the Canada Revenue Agency) If "informal trust" for a minor, provide Co-applicant's SIN \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Job Description \_\_\_\_\_

CO-APPLICANT'S  
spouse or common-law partner

**Please omit this section if the Co-applicant's spouse or common-law partner is the Applicant.**

Title \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Job Description \_\_\_\_\_

**B**

FINANCIAL  
information

**Please round to the nearest dollar.**

**Annual Income from all sources** \_\_\_\_\_ Bank Name \_\_\_\_\_

**Net Liquid Assets (A)** (Cash & Securities less loans outstanding against securities) \_\_\_\_\_ Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Net Fixed Assets (B)** (Fixed assets less liabilities outstanding against fixed assets) \_\_\_\_\_ Bank Address \_\_\_\_\_

**Estimated Net Worth (C)** (C = A + B) \_\_\_\_\_ Address Continued \_\_\_\_\_

Source of Funds \_\_\_\_\_ Intended use of the Account \_\_\_\_\_

**C**

FOR OPTIONS  
account applications

**CO-APPLICANT'S INFORMATION**

1. Number of years trading in options: \_\_\_\_\_

2. How would you describe your options trading knowledge?:  Expert  Knowledgeable  Limited  None

3. Experience with:  None  Long Calls or Puts  Covered  Naked  Spreads

**I have received the Risk Disclosure Statement for Futures and Options (Section Four, Part G of the Client Agreements booklet). I understand the special risks pertaining to trading in options and that BMO InvestorLine Inc. is not registered to trade in futures. I declare that I have adequate financial resources to sustain any such transaction in which I participate.**

**Co-applicant's Signature** \_\_\_\_\_ **Date** YY/MM/DD \_\_\_\_\_

\*You are considered to be a Pro if you, or someone you live with, is employed with an IIROC member firm or related company. ©Registered trade-marks of Bank of Montreal, used under licence. BMO InvestorLine Inc. is a wholly owned subsidiary of Bank of Montreal. Member - Canadian Investor Protection Fund and IIROC. (07/11)

**D**

PLEASE PROVIDE DETAILS if you answer YES to the following questions

**CO-APPLICANT'S INFORMATION**

1. Are you, or someone you live with, a senior officer or director of a company whose shares are traded on an exchange quotation system or in over-the-counter (OTC) markets?  
 Yes Company Name(s): \_\_\_\_\_  
 No
2. Do you, or someone you live with, individually or as part of a group, own 10% or more of a public company?  
 Yes Company Name: \_\_\_\_\_  
 No
3. Do you have, or exercise authority over, any brokerage accounts with other financial institutions?  
 Yes Financial Institution(s): \_\_\_\_\_  
 No Account Type: \_\_\_\_\_ Account Type: \_\_\_\_\_
4. Do you have, or exercise authority over, any accounts with BMO InvestorLine?  
 Yes Account #1: \_\_\_\_\_ Account #2: \_\_\_\_\_  
 No
5. Will any other person have authority over, or any financial interest, in your account(s)? If another person will have authority over your account(s), please complete the enclosed "Authorized Trading Agent or Power of Attorney" form.  
 Yes Name: \_\_\_\_\_  
 No
6. Are you, or someone you live with, a Pro\*?  
 Yes If yes, please provide a letter of confirmation from the member firm's Compliance department authorizing the opening of this account.  
 No

**E**

SIGNATURES

**NATIONAL INSTRUMENT 54-101—SHAREHOLDER COMMUNICATION INFORMATION**

We are required by securities law to obtain instructions concerning the various matters below relating to your holding of securities in your account:

**Part 1** – Disclosure of Beneficial Ownership of Information

**Part 2** – Receiving Shareholder Materials

**Part 3** – Preferred Language of Communication

**Part 4** – Consent to Electronic Delivery

Please read the National Instrument 54-101, Communication with Beneficial Owners of Securities of a Reporting Issuer, in Section Four, Part C of the Client Agreements booklet. Please discuss your options with the other beneficial owner(s) on the account(s) and provide your instructions on the Account Application Form.

Co-applicant's  
 Signature \_\_\_\_\_  
 Date  
 YY/MM/DD \_\_\_\_\_

**ORDER EXECUTION ONLY ACCOUNT ACKNOWLEDGEMENT**

I acknowledge that BMO InvestorLine Inc. does not give personal or client specific or tailored investment advice or recommendations to me and does not accept any responsibility to advise me on the suitability of any of my investment decisions or transactions. I acknowledge that I am responsible for any investment decisions as well as for any profits or losses that may result. I further acknowledge that it is my obligation to comply with the requirements of the Toronto Stock Exchange respecting entry and trading of orders and that BMO InvestorLine Inc. reserves the right to reject, change or remove any order which I may enter or to cancel any trade resulting from an order which I entered which is not in compliance with the requirements of the Toronto Stock Exchange.

Co-applicant's  
 Signature \_\_\_\_\_  
 Date  
 YY/MM/DD \_\_\_\_\_

**CARRYING BROKER INFORMATION**

I acknowledge that I have been advised that BMO InvestorLine Inc. is an Introducing Broker and BMO Nesbitt Burns Inc. is a Carrying Broker for my account. BMO InvestorLine Inc. is responsible for all compliance requirements for my account. For accounting and regulatory purposes, I am considered a client of BMO Nesbitt Burns Inc. BMO Nesbitt Burns Inc. is responsible for trade execution and settlement, custody of securities and the preparation of confirmations and account statements. Client cash balances in non-registered accounts are held by BMO Bank of Montreal, and client cash balances in registered accounts are held by BMO Trust Company.

**PROTECTION OF YOUR PRIVACY**

*(Arrangements will be based on the Applicant's instructions.)*

We are committed to protecting all of the personal information you share with us in order to maintain your privacy. It is our top priority to respect and uphold your need for confidentiality. The information we gather is used to verify your identity and protect you and BMO InvestorLine against fraud, to set up and manage products and services you have requested and to satisfy the regulatory obligations of our industry.

You agree that, at the time you begin a relationship with us and during the course of our relationship, we may collect, use and disclose your information for the purpose of, but not limited to, the requirement to: identify you, provide ongoing service, understand your financial needs, protect us both from fraud and error, comply with legal and regulatory requirements, and market products and services to you.

By signing below, I acknowledge that from time to time, BMO InvestorLine may send me information, including direct marketing messages, in order to better understand my needs and make me aware of appropriate products and services. I am also aware that my SIN may be used for administrative and tax reporting purposes.

I may change my preferences stated on the Account Application at any time by contacting BMO InvestorLine. The servicing of my account as per this agreement is in no way conditional or dependent on my preferences. I acknowledge that I cannot opt out of sharing my personal information where I have requested a product or service that is offered jointly by BMO InvestorLine and another member of BMO Financial Group.

Co-applicant's  
 Signature \_\_\_\_\_  
 Date  
 YY/MM/DD \_\_\_\_\_

**By requesting the opening of either a cash investment account, or an account granted margin facility, I certify that the information in this application is true and complete and I have received and agree to the terms and conditions as outlined in the Client Agreements booklet. I also agree to advise you immediately in writing of any material change in information.**

Co-applicant's  
 Signature \_\_\_\_\_  
 Date  
 YY/MM/DD \_\_\_\_\_

Please provide a photocopy of 2 pieces of ID, one of which must be a photo ID. If you already have a BMO InvestorLine account and/or a BMO Bank of Montreal account, write your SIN and account number(s) on the photocopy. If you do not have a BMO InvestorLine account or a BMO Bank of Montreal account, write your SIN on the photocopy and enclose a cheque drawn on a Canadian bank.