

FOR QUICKER AND MORE efficient service, please complete all relevant sections

If you are applying for: **Please complete:**

A new account All sections

Updating an existing account Only the relevant sections

Account Number:

Preferred Language: English French

Application Type: Partnership Corporation Investment Club Estate Sole Proprietorship Trust Other _____

Account Type Request (all investment accounts operate in both U.S. and Canadian dollars): Cash Margin with Short Selling Margin Margin with Options

Account Characteristic(s): Pro* BMO Staff

A FEW DETAILS ABOUT the business or organization

A

Legal (registered) name of Business or Organization _____ Type of Business _____

Legal Address (jurisdiction where registered) _____ Suite No. _____

City or Town _____ Prov. _____ Postal Code _____ Contact's position at the company _____

Contact's Title _____ Last Name _____ First Name _____

Send Mail to Legal Address _____ Suite No. _____ City or Town _____

Prov. _____ Postal Code _____ Business Phone (area code, no., ext.) _____ Date of Incorporation/Registration (Not required for Estate or Trust) YY/MM/DD _____

Place of Incorporation/Registration (Not required for Estate or Trust) City _____ Prov. _____

Please include a photocopy of the Articles of Incorporation for your business or organization.

CLASSIFICATION of business or organization (check the appropriate box)

The business or organization (or affiliate) is:

A publicly traded company, or a publicly traded trust
Security Symbol: _____ Exchange: _____

A Bank, Caisse Populaire, Credit Union, Insurance company, Investment Manager, Trust or Loan company, Mutual Fund, Mutual Fund Management company, Pension Fund, Securities Dealer or Broker, or similar financial entity subject to a satisfactory regime
Regulator Name: _____

An Estate or a Testamentary Trust established under an Estate

A Government-owned corporation or organization, Church or Union

A Trust, or is not one of the entities listed above.
(Note: The settlor or creator of the Trust must complete the attached "Beneficial Ownership Information Form".)

Please check one box below:

No individuals beneficially own greater than 10% interest, directly or indirectly, in the account.

One or more individual(s) beneficially own(s) greater than 10% interest, directly or indirectly, in the account.
Each individual must complete the attached "Beneficial Ownership Information Form".
Please state how many individuals beneficially own greater than 10% interest, directly or indirectly: _____

Not For Profit Organizations

The business or organization (or affiliate) is a:

1) Registered Charity Please provide your CRA Charity Registration Number _____

2) Not for Profit Organization Does your organization solicit financial donations from the public? Yes No

FINANCIAL information of the business or organization

B

Please round to the nearest dollar.

Annual Revenue 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 _____

Do you have a Platinum Banking account with BMO Harris Private Banking?

Yes No

BMO Harris Platinum Bank Transit & Account number same as above
Transit Account Number: _____

WITH your security in mind

Please create a temporary password, which must be 6 letters and/or numbers.
When you sign in to your account the first time through our automated systems, you will be asked to change this temporary password.

Password for your Account

Authorized Trading Officer

D

TELL US ABOUT
the authorized trading officer

If some other person will have authority over, or financial interest, in this account, please complete the following information. This includes Authorized Trading Officers, sole owners, partners, executors and trustees. If there is an additional Authorized Trading Officer, please complete the enclosed "Additional Authorized Trading Officer" form. **There is a maximum of two Authorized Trading Officers per account.** Please contact BMO InvestorLine or visit our web site for additional forms.

Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French		Citizenship		Country of Residence	
Account Characteristic(s): You are completing this form as:		<input type="checkbox"/> Pro*	<input type="checkbox"/> BMO Staff	<input type="checkbox"/> Beneficial Owner (own greater than 10% interest, directly or indirectly in the account)	
<input type="checkbox"/> Authorized Trading Officer		<input type="checkbox"/> Sole Owner			
Title	Last Name	First Name			
Home Address (number, street)				Suite No.	
City or Town			Prov.	Postal Code	
Primary Phone (area code, no.)			Secondary Phone (area code, no., ext.)		
Fax No.		Other Daytime Phone		Email	
Mailing Address if different from above				Suite No.	
City or Town			Prov.	Postal Code	
Marital Status		No. of Dependants	Date of Birth (YY/MM/DD)		Occupation
SIN		Employer Name			
Type of Business		Job Description			

E

FINANCIAL
information

Bank Name	
Transit Number	Account Number
Bank Address	
Address Continued	

F

FOR OPTIONS
account applications

- Number of years trading in options: _____
- How would you describe your options trading knowledge?: Expert Knowledgeable Limited None
- Experience with: None Long Calls or Puts Covered Naked Spreads
- Please indicate what type of options trading you would like to do: Long Calls or Puts Covered Spreads

I have received the Risk Disclosure Statement for Futures and Options (Section Three, 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.

Authorized Trading Officer's Signature _____ Date YY/MM/DD _____

G

PLEASE PROVIDE DETAILS
if you answer YES to the following questions

- 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
- 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
- Do you have, or exercise authority over, any brokerage accounts with other financial institutions?
 Yes Financial Institution(s): _____
 No Account Type: _____ Account Type: _____
- Do you have, or exercise authority over, any accounts with BMO InvestorLine?
 Yes Account #1: _____ Account #2: _____
 No

