



**B**  
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:

**C**  
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) \_\_\_\_\_  
**Net Fixed Assets (B)**  
(Fixed assets less liabilities outstanding against fixed assets) \_\_\_\_\_  
**Estimated Net Worth (C)**  
(C = A + B) , ,

Transit Number  Account Number

Bank Address

Address Continued

Source of Funds \_\_\_\_\_

Intended use of the Account \_\_\_\_\_

**D**  
PLEASE PROVIDE DETAILS if you answer YES to the following questions

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 <sup>a</sup>Authorized Trading Agent or Power of Attorney<sup>o</sup> form.

Yes Name:

No

If yes  % of Financial Interest

**E**  
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
- Please indicate what type of options trading you would like to do:  Covered  Long Calls or Puts

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.

Subscriber's Signature \_\_\_\_\_ Date YY/MM/DD

**F**

For more information on Beneficiaries, please refer to the Client Agreements booklet (Section Two, Part C #5 for Individual Plans or Section Two, Part D #5 for Family Plans).

For Family Plans, if there is more than one Beneficiary please complete and include a copy of the Education Savings Plan Beneficiary Addition/Update form for each additional Beneficiary.

Citizenship<sup>2</sup>  Country of Residence<sup>2</sup>

Dual Citizenship (if applicable)

Last Name  Initials  First Name

Address:  Same as Subscriber  Different address (complete section below)

Home Address (number, street)  Suite No.

City or Town  Prov.  Postal Code

Date of Birth (YY/MM/DD)  SIN (required by the Canada Revenue Agency)  Provide photocopy of card  Gender:  Male  Female

Relationship To Subscriber

**If the Beneficiary is less than 19 years of age AND if the Subscriber is not the Custodial Parent, Legal Guardian or Public Primary Caregiver:**

Name of Custodial Parent, Legal Guardian or Public Primary Caregiver:

Last Name  Initials  First Name

Address of Custodial Parent, Legal Guardian or Public Primary Caregiver:

Address:  Same as Subscriber  Same as Beneficiary  Different address (complete section below)

Home Address (number, street)  Suite No.

City or Town  Prov.  Postal Code

**ESP-BENEFICIARY INFORMATION**

The following person is designated as a Beneficiary entitled to receive education assistance payments under this plan

**G**

**BASIC CANADA EDUCATION SAVINGS GRANT (CESG) APPLICATION**

Do you wish the trustee to apply for the basic Canada Education Savings Grant on your behalf  Yes  No

If yes then complete the "Canada Education Savings Grant Application" - CESG form #SDE0069(E)

Note: If the Subscriber is not the Custodial Parent or Legal Guardian of the Beneficiary as defined in the CESG Application Form, the Beneficiary's Custodial Parent or Legal Guardian must complete and sign pages 3 and 4 of the CESG form.

**ESP INFORMATION REPORTING**

Information contained on this application, as well as amounts contributions and amounts of the plan, may be shared with the custodial parent. Information will also be provided to Human Resources and Social Development Canada, the federal government department responsible for the Canada Revenue Agency for taxation purposes.

I hereby apply for a BMO InvestorLine Education Savings Plan (the Plan) in accordance with the Terms and Conditions set out in the Customer Agreement booklet ([http://www.bmoinvestorline.com/ApplyNow/forms/Cust\\_Agr.pdf](http://www.bmoinvestorline.com/ApplyNow/forms/Cust_Agr.pdf)). I have read, understood, and agree to be bound by such Terms and Conditions as Subscriber. I request that the promoter applies to have the Plan registered under the provisions of the Income Tax Act (Canada) and any applicable provincial legislation in my province of residence set out above. I understand that contributions to the Plan are not tax deductible and that any amounts paid out of the Plan, other than refunds of contributions, may be subject to income tax. I am aware that a penalty tax may apply where contributions for a Beneficiary made to this Plan and to other RESPs, by myself and by others as Subscribers, exceed the "cumulative RESP limit" for the Beneficiary.

I certify that the information in this application is true and complete and I 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

Subscriber's Signature  Date YY/MM/DD

**SIGNATURE FOR**

self-directed ESP account

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

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

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

You may disclose my name, address, email, securities holdings and preferred language of communication (English or French) to issuers of securities I hold with you and to other persons or companies in accordance with securities law.

- Yes  No

**Note:** if you answer "No", you will be responsible for any costs associated with providing shareholder materials to you.

**Part 2 – Receiving Securityholder Materials**

Please mark the corresponding box to show what materials you want to receive. Securityholder materials sent to beneficial owners of securities consist of the following materials: a) proxy-related materials for annual and special meetings; b) annual reports and financial statements that are not part of proxy-related materials; and c) materials sent to securityholders that are not required by corporate or securities law to be sent.

- I WANT to receive ALL securityholder materials sent to beneficially owners of securities.
- I DECLINE to receive ALL securityholder materials sent to beneficial owners of securities. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense.)
- I WANT to receive ONLY proxy-related materials that are sent in connection with a special meeting.

**Important Note:** These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this application form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements.

**Part 3 – Preferred Language of Communication**

I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

**Part 4 – Consent to Electronic Delivery**

Securities law permits us to deliver some documents by electronic means if we obtain your consent.

- I CONSENT to receiving documents by electronic means and have provided my email in section A of the application.
- I DO NOT CONSENT to receiving documents by electronic means.

On behalf of the beneficial owner(s) of the account(s) opened from this application, I have read and understand the explanation that you have provided me in connection with the National Instrument 54-101, Communication with Beneficial Owners of Securities of a Reporting Issuer. The choices I have indicated above apply to all of the securities held in the account(s).

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.

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**

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.

- I consent that BMO InvestorLine Inc. and BMO Financial Group may share information with each other in relation to my account so that I may have access to any financial opportunity that may arise from time to time.
- I do not consent to the sharing of information between BMO InvestorLine Inc. and BMO Financial Group with relation to my account.

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 above 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.

Applicant's Signature \_\_\_\_\_

Date YY/MM/DD [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Please provide a photocopy of 2 pieces of ID, one of which must be 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.

**BRANCH INFORMATION**

I have verified all and included photocopies of two pieces of ID, one of which is a valid photo ID.

Name of Branch Representative (please print) \_\_\_\_\_

Phone (include area code no., ext.) \_\_\_\_\_

**BRANCH REFERRAL**

FSM Name (please print) \_\_\_\_\_

FSM EIN # [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Transit Number \_\_\_\_\_

NBIA: [ ][ ][ ]

Harris Private Bank: [ ][ ][ ]

IFS: [ ][ ][ ]