

Office Use Only

Tax-Free Savings Account Number:

□ □ □ □ □ □ □ □ □ □

Order Execution Only Account

**Welcome to BMO InvestorLine**

FOR QUICKER AND MORE EFFICIENT SERVICE

please complete all relevant sections

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

- A new TFSA ..... All sections except E
- A new TFSA with Options ..... All sections
- Updating my existing TFSA ..... Only the relevant sections
- Updating my existing TFSA with Options ..... Only the relevant sections

Account Number: □ □ □ □ □ □ □ □ □ □

Preferred Language:  English  French

Account Characteristic(s):  Pro\*  BMO Staff  N/A

\*You are considered to be a Pro if you, or someone you live with, is employed with an IIROC member firm or related company. Please provide a letter of confirmation from the member firm's Compliance department authorizing the opening of the account(s).

Are you transferring a TFSA

Yes – Please complete the enclosed “Authorization to Transfer Account” form  No – Indicate initial contribution \$ \_\_\_\_\_

**A**

TELL US ABOUT YOURSELF

you are the Account Holder and this account cannot be opened as a joint account.

Citizenship† □ □ □ □ □ □ □ □ □ □ Country of Residence† □ □ □ □ □ □ □ □ □ □

†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 □ □ □ □ □ □ □ □ □ □ First □ □ □ □ □ □ □ □ □ □

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 Dependents □ □ □ Date of Birth (Must be age of majority in your province/territory) (YY/MM/DD) □ □ □ □ □ □ □ □ □ □ SIN (required by the Canadian Revenue Agency) □ □ □ □ □ □ □ □ □ □

Occupation □ Employer Name □

Type of Business □ Job Description □

Are you currently employed by?  
 BMO Financial Group  BMO Nesbitt Burns  BMO InvestorLine  None of the above

If applicable, please provide Employee Identification Number □

**SPOUSE or common-law partner information**

Title □ □ □ Last Name □ □ □ □ □ □ □ □ □ □ First Name □ □ □ □ □ □ □ □ □ □

Occupation □ Employer Name □

Type of Business □

Job Description □

**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) \_\_\_\_\_

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 \_\_\_\_\_

**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 "Authorized Trading Agent or Power of Attorney" 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  Naked
- Please indicate what type of options trading you would like to do:  Long Calls or Puts  Covered

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 is not registered to trade in futures. I declare that I have adequate financial resources to sustain any such transaction in which I participate.

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

**F****SIGNATURE FOR  
TFSA**

- TFSA holder must be at least the age of majority in their province/territory and have a valid SIN according to BMO InvestorLine policy.
- Only an individual (not a corporation or trust) may open a TFSA. The TFSA must be opened for the individual who is the account holder; a TFSA cannot be opened by an individual for or on behalf of someone else.
- Only the account holder may contribute to the TFSA. No contribution receipts will be issued, and contributions are not deductible for income tax purposes. However, income earned in the TFSA is not subject to income tax, and withdrawals from the TFSA (of contributions and income) are not subject to income tax.
- The account holder is responsible for determining his/her contribution limit for TFSAs, and for ensuring that he/she does not exceed the contribution limit. If an account holder over contributes to TFSAs, he/she will be subject to a penalty tax of 1% per month on the "excess TFSA amount".
- Contributions should not be made while the account holder is a non-resident of Canada (for income tax purposes), since contributions made while the account holder is a non-resident are subject to a penalty tax of 1% per month.

I request BMO Trust Company to act as trustee of my BMO InvestorLine Tax Free Savings Account (TFSA) in accordance with the terms and conditions of the Trust Agreement found in the Client Agreement Booklet. I acknowledge having printed and read the Trust Agreement and agree to comply with it. I certify that all the information provided on the application form is true and accurate and I agree to the account 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.

I agree that BMO Trust Company, as the "issuer" of the TFSA under the Income Tax Act Section 146.2, will file an election with the Minister of National Revenue to register this arrangement as a tax-free savings account (TFSA).

(For Quebec) I have required this document to be drawn up in the English language. J'ai exigé que ce document soit rédigé en anglais.

ACKNOWLEDGED BY BMO INVESTORLINE AS AGENT FOR BMO TRUST COMPANY.

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

Date  
YY/MM/DD 

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**Reminder: you still need to complete section H**

**G****SIGNATURE FOR ALL ACCOUNTS**

**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 

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