

**A**

MY AUTHORIZATION

This is my/our authorization to transfer my/our account with you to my/our BMO InvestorLine account:

Name of Institution From Which Account is Being Transferred		
Address (number, street)		Suite Number
City or Town	Province	Postal Code

To transfer my/our account:

Cash     
  Margin     
  Option     
  Short Margin

Account Number

With you to my/our BMO InvestorLine account:

Cash     
  Margin     
  Option     
  Short Margin

Account Number

In the manner indicated below:

- Entire account in cash (all investments must be liquidated by the account holder(s) and converted into cash prior to transferring).
- Entire account in kind\* (all investments are to be transferred in their existing form).  
**Note:** For those plans holding mutual funds and GICs please be very specific, as certain restrictions may apply to the transfer of some mutual funds and GICs. Please contact BMO InvestorLine for more details. Please cancel all open orders which are on your books for the above account and any pre-authorized plan.

Or for partial transfers:

<input type="checkbox"/> Securities, please specify:		<input type="checkbox"/> Monies listed:	
Quantity	Security	CA:	Cash \$ _____
_____	_____		Debit \$ _____
_____	_____	US:	Cash \$ _____
_____	_____		Debit \$ _____

\* For in kind transfers – please register under our Transfer Agent, BMO Nesbitt Burns, Dealer 9185, rep # \_\_\_\_\_ FINS T009 / DTC 5043, CUID NTDT.

**B**

INFORMATION ABOUT the business or organization

Legal (registered) Name of Business or Organization			
Type of Business			
Legal Address (jurisdiction where registered)			Suite Number
City or Town	Province		Postal Code
Contact's Title	Last Name	First Name	Init.
Contact's Position at the company		Business Phone (area code, ext.)	

**C**

I/We acknowledge that transfers can take **several weeks** to complete, depending on the actions of the other Institution. Interest will commence, in accordance with the terms of the investment chosen, upon receipt of the transfer from the other Institution.

**SIGNATURES**

Signature of Authorized Trading Officer (1) _____	Date (day, month, year) _____
Signature of Authorized Trading Officer (2) _____	Date (day, month, year) _____
Effective Date of Postdated Request Date (day, month, year) _____	

**D**

Please include the most recent statement of the account you wish to transfer and send it to:

**RETURN THIS FORM**

BMO InvestorLine Inc.  
 First Canadian Place  
 100 King Street West, 35th floor  
 Toronto, Ontario  
 M5X 1H3  
 Toll-free: **1 888 776-6886**

**FOR OFFICE USE ONLY**  
**Special Instructions:**

Transfer to: \_\_\_\_\_  
 M009                       T009                       V012