

We are required under securities law to verify and maintain beneficial ownership information on your account.

Beneficial Ownership Information

Each individual who beneficially owns greater than 10% interest, directly or indirectly, must complete the following information. The settlor or creator of a Trust must also provide the following information. Visit the *Apply Now* section of bmoinvestorline.com for additional forms.

PROOF OF IDENTITY

Each individual must provide a photocopy of two pieces of ID, including one photo ID. If you already have a BMO InvestorLine account and/or BMO Bank of Montreal account, please write your SIN and account number(s) on the photocopy. If you do not have a BMO InvestorLine account and/or BMO Bank of Montreal account, please present your two pieces of ID, in person, to BMO InvestorLine or at a BMO Bank of Montreal branch. (Exemption: If you have already provided proof of ID as part of the Application form.)

Title	Last Name	First Name	Int.
Home Address (No., street) if different from applicant			Suite No.
City or Town		Prov. <input type="checkbox"/> <input type="checkbox"/>	Postal Code
Occupation		Employer Name	
Type of Business		Job Description	
Citizenship		Date of Birth (YY/MM/DD)	
Are you an insider or controlling shareholder of a publicly traded corporation or similar entity?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No If yes, Name: _____ Exchange: _____			

Title	Last Name	First Name	Int.
Home Address (No., street) if different from applicant			Suite No.
City or Town		Prov. <input type="checkbox"/> <input type="checkbox"/>	Postal Code
Occupation		Employer Name	
Type of Business		Job Description	
Citizenship		Date of Birth (YY/MM/DD)	
Are you an insider or controlling shareholder of a publicly traded corporation or similar entity?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No If yes, Name: _____ Exchange: _____			

Beneficial Ownership Information

BENEFICIAL OWNERS

Title	Last Name	First Name	Int.
Home Address (No., street) if different from applicant			Suite No.
City or Town		Prov. <input type="checkbox"/> <input type="checkbox"/>	Postal Code
Occupation		Employer Name	
Type of Business		Job Description	
Citizenship		Date of Birth (YY/MM/DD)	
Are you an insider or controlling shareholder of a publicly traded corporation or similar entity?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____ Exchange: _____			

Title	Last Name	First Name	Int.
Home Address (No., street) if different from applicant			Suite No.
City or Town		Prov. <input type="checkbox"/> <input type="checkbox"/>	Postal Code
Occupation		Employer Name	
Type of Business		Job Description	
Citizenship		Date of Birth (YY/MM/DD)	
Are you an insider or controlling shareholder of a publicly traded corporation or similar entity?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____ Exchange: _____			

BRANCH VERIFICATION

I have verified and included photocopies of two pieces of ID, including one valid photo ID, for each individual listed above.

_____ Phone (area code, no., ext.)

_____ Name of Branch Representative (please print)

_____ Date (YYYY/MM/DD)

OFFICE use only