

With the exception of accounts operating in the Province of Quebec, all BMO InvestorLine joint accounts are Joint With Rights of Survivorship. Please refer to the Client Agreements booklet for details.

A

TELL US ABOUT THE CO-SUBSCRIBER

For ESPs only a spouse or common-law partner may be a Co-subscriber.

Citizenship² Country of Residence²

Dual Citizenship (if applicable)

²U.S. persons will need to complete a W-9 form. Please contact BMO InvestorLine or visit our web site for this form.

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 Dependents Date of Birth (YY/MM/DD) SIN (required by the Canada Revenue Agency)
Provide photocopy of card

Employer Name Type of Business

Occupation 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 (EIN)

B

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

C

FOR OPTIONS account applications

CO-SUBSCRIBER'S INFORMATION

- 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

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.

Co-subscriber's Signature Date YY/MM/DD

*You are considered to be a Pro if you, or someone you live with, is employed with an IIROC member firm or related company. †Registered trade-marks of Bank of Montreal, used under licence. BMO InvestorLine Inc. is a wholly owned subsidiary of Bank of Montreal. Member CIPF. (09/08)

D

PLEASE PROVIDE DETAILS if you answer YES to the following questions

CO-SUBSCRIBER'S INFORMATION

- 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
- 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
- Are you, or someone you live with, a Pro*?
 - Yes If yes, please provide a letter of confirmation from the member firm's Compliance department authorizing the opening of this account.
 - No

F

SIGNATURES

NATIONAL INSTRUMENT 54-101—SHAREHOLDER COMMUNICATION INFORMATION

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

- Part 1** – Disclosure of Beneficial Ownership of Information
- Part 2** – Receiving Shareholder Materials
- Part 3** – Preferred Language of Communication
- Part 4** – Consent to Electronic Delivery

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. Please discuss your options with the other beneficial owner(s) on the account(s) and provide your instructions on the Account Application Form.

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.

Co-subscriber'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, custod 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.

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.

PROTECTION OF YOUR PRIVACY

(Arrangements will be based on the Subscriber's instructions.)

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.

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 on the Account Application 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.

Co-subscriber's
Signature _____

Date
YY/MM/DD _____

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). I have read, understood, and agree to be bound by such Terms and Conditions as Co-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 the 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 Agreement booklet. I also agree to advise you immediately in writing of any material change in information

Co-subscriber's
Signature _____

Date
YY/MM/DD _____

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