

FOR QUICKER AND MORE efficient service, please complete all relevant sections

If you are applying for: **Please complete:**
 A new account All sections
 Updating an existing account Only the relevant sections

Account Number:

Preferred Language: English French

Application Type: Partnership Corporation Investment Club Estate Sole Proprietorship Trust Other _____
 Please see the inside of the Application folder for additional requirements depending on the structure of your organization.

Account Type Request (all investment accounts operate in both U.S. and Canadian dollars): Cash Margin with Short Selling
 Margin Margin with Options

Account Characteristic(s): Pro* BMO Staff

A FEW DETAILS ABOUT the business or organization

Legal (registered) name of Business or Organization			Type of Business		
Legal Address (jurisdiction where registered)					Suite No.
City or Town	Prov.	Postal Code	Contact's position at the company		
Contact's Title	Last Name		First Name		
Send Mail to <input type="checkbox"/> Legal Address			Suite No.	City or Town	
Prov.	Postal Code	Business Phone (area code, no., ext.)	Date of Incorporation/Registration (Not required for Estate or Trust) YY/MM/DD _____		
Place of Incorporation/Registration (Not required for Estate or Trust)			City	Prov.	

Please include a photocopy of the Articles of Incorporation for your business or organization.

CLASSIFICATION of business or organization (check the appropriate box)

The business or organization (or affiliate) is:

- A publicly traded company, or a publicly traded trust
 Security Symbol: _____ Exchange: _____
- A Bank, Caisse Populaire, Credit Union, Insurance company, Investment Manager, Trust or Loan company, Mutual Fund, Mutual Fund Management company, Pension Fund, Securities Dealer or Broker, or similar financial entity subject to a satisfactory regime
 Regulator Name: _____
- An Estate or a Testamentary Trust established under an Estate
- A Charity, Government-owned corporation or organization, Church or Union
- A Trust, or is not one of the entities listed above.
 (Note: The settlor or creator of the Trust must complete the attached "Beneficial Ownership Information Form".)
Please check one box below:
 - No individuals beneficially own greater than 10% interest, directly or indirectly, in the account.
 - One or more individual(s) beneficially own(s) greater than 10% interest, directly or indirectly, in the account.
 Each individual must complete the attached "Beneficial Ownership Information Form".
 Please state how many individuals beneficially own greater than 10% interest, directly or indirectly: _____

FINANCIAL information of the business or organization

Please round to the nearest dollar.

Annual Revenue from all sources _____	Bank Name
Net Liquid Assets (A) (Cash & Securities less loans outstanding against securities) _____	Transit Number
Net Fixed Assets (B) (Fixed assets less liabilities outstanding against fixed assets) _____	Account Number
Estimated Net Worth (C) (C = A + B) \$ _____	Bank Address
Source of Funds	Address
	Continued
	Intended use of the Account

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

Authorized Trading Officer

D

TELL US ABOUT the authorized trading officer

If some other person will have authority over, or financial interest, in this account, please complete the following information. This includes Authorized Trading Officers, sole owners, partners, executors and trustees. If there is an additional Authorized Trading Officer, please complete the enclosed "Additional Authorized Trading Officer" form. **There is a maximum of two Authorized Trading Officers per account.** Please contact BMO InvestorLine or visit our web site for additional forms.

Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French		Citizenship	Country of Residence
Account Characteristic(s): You are completing this form as:		<input type="checkbox"/> Pro* <input type="checkbox"/> Authorized Trading Officer <input type="checkbox"/> Sole Owner	<input type="checkbox"/> BMO Staff Please complete only if you own 10% or more of the company. <input type="checkbox"/> Director <input type="checkbox"/> Beneficial Owner
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 Dependants	Date of Birth (YY/MM/DD)	Occupation
SIN (required by the Canada Revenue Agency)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Employer Name	
Type of Business	Job Description		

E

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
Net Fixed Assets (B) (Fixed assets less liabilities outstanding against fixed assets) _____	Account Number
Estimated Net Worth (C) (C = A + B) \$ _____	Bank Address
	Address Continued

F

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

I have received the Risk Disclosure Statement for Futures and Options (Section Three, 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.

Authorized Trading Officer's Signature _____ Date YY/MM/DD

G

PLEASE PROVIDE DETAILS if you answer YES to the following questions

- 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

H**NOW TELL US ABOUT
your spouse or
common-law partner****Please omit this section if your spouse or common-law partner is an additional Authorized Trading Officer.**

Title	Last Name	First Name
Occupation	Employer Name	
Type of Business	Job Description	

I**ACCOUNTLINK
service****This service cannot be used as a commercial bank account.**

By opening an investment account, you will automatically receive benefits from our AccountLink® service.¹ This service allows you to combine your investment and banking activities all in one account. A starter cheque kit will be mailed to you once the account is opened. If you do not have an existing relationship with BMO Bank of Montreal, an AccountLink card will be mailed to you.

If you have an existing relationship with BMO Bank of Montreal,² please provide us with the following information:

Card # _____	and connect the account as: <input type="checkbox"/> Primary Chequing <input type="checkbox"/> Primary Savings <input type="checkbox"/> Other ³ _____
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I also wish to have the U.S. Dollar AccountLink service to be able to bank in U.S. funds.

¹Refer to Section Three, Part F of your Client Agreements booklet. ²FirstBank Card® or BMO Bank of Montreal MasterCard. ³If connected as an Other account, access is restricted to BMO Bank of Montreal Instabank machines. If Other, choose alpha reference or designate a number 1 through 9.

J**SIGNATURES****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 Three, 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 beneficial 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 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.

Authorized Trading Officer'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.

Authorized Trading Officer'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.

UNITED STATES WITHHOLDING TAX (LIMITATION ON BENEFITS TREATY STATEMENT)

I meet all provisions of the treaty that are necessary to claim a reduced rate of withholding, including any limitation on benefits provisions and derives the income within the meaning of section 894 of the Code, and the regulations thereunder, as the beneficial owner(s). Please refer to Section Three, Part E of the Client Agreements booklet for further details.

