

PLEASE COMPLETE ALL SECTIONS WHICH HAVE CHANGED

MATERIAL CHANGE FORM

PLEASE PRINT CLEARLY

Account # 1: Transaction #

Related Accounts #2 #3 #4

Title Last Name First Name Initials

Home Address - Number / Street Suite No.

City/Town Province Postal Code

Marital Status Home Phone Business Phone

Pro* BMO Staff

ABOUT YOUR BUSINESS

Occupation Employer name

Type of Business

Job Description

1. Are you, or someone you live with an insider, 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 No Company Name(s)

2. Do you, or someone you live with, individually or as part of a group, control a public company?
 Yes No If yes % Company Name

3. Do you have authority over any other accounts at BMOIL? Account #'s

SPOUSE or common-law partner information

Please omit this section if the Applicant's spouse or common-law partner is the Co-applicant. Co-applicants must complete their own material change form if their information has changed.

Title Last Name First Name

Occupation Employer Name

Type of Business

Pro* BMO Staff

* You are considered to be 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 this account(s).

ACCOUNT CHARACTERISTIC(S)

Please round to the nearest dollar.

Annual Income from all sources

Net Liquid Assets (A)
 (Cash & Securities less loans outstanding against securities)

Net Fixed Assets (B)
 (Fixed assets less liabilities outstanding against fixed assets)

Estimated Net Worth (C)
 (C= A + B)

Source of Funds Intended use of the Account

SIGNATURES

I certify that: the information on this form is true and complete; the new information on this form shall supersede information previously provided; and the terms and conditions of my Client Account Agreement remain in effect.

Client Signature Date

YYYY / MM / DD