BMO InvestorLine®

Making money make sense™

MATERIAL CHANGE FORM

PLEASE COMPLETE ALL SECTIONS

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 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

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