

SIGNATURES

BMO InvestorLine Account Number:

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**To: BMO InvestorLine**

In consideration of your carrying a partnership account in the name of:

Name of Partnership		
Address (number, street)		Suite Number
City or Town	Province	Postal Code

a duly organized partnership of which each of the undersigned is a general partner, the undersigned jointly and severally agree that each of the following named person(s), to wit (either one or maximum two persons):

Named Person (1) \_\_\_\_\_

Named Person (2) \_\_\_\_\_

shall have the authority on behalf of the partnership account to buy, sell and otherwise deal in securities through you as brokers, on margin or otherwise; to receive on behalf of the partnership account demands, notices, confirmations, reports, statements of account, and communications of every kind; to receive on behalf of the partnership money, securities and property of every kind, and to dispose of same; to make on behalf of the partnership account agreements relating to any of the foregoing matters and to terminate or modify same or waive any of the provisions thereof; and generally to deal with you on behalf of the partnership account as fully and completely as if he/they alone were interested in said account, all without notice to the other or others interested in said account. The authority hereby conferred shall remain in force until written notice of its revocation addressed to you and delivered at your office at:

The undersigned hereby certify that the members of said partnership are as follows:

**Partner (1)**

Title	Last Name	First Name	Int.
Home Address (number, street)			Suite No.
City or Town		Prov.	Postal Code
SIN (required by the Canada Revenue Agency)		Date of Birth (YY/MM/DD)	
Occupation		Type of Business	
Employer Name		Job Description	
% of Financial Interest in the Partnership	Email Address	Date (YY/MM/DD)	
Signature _____			

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## Partner (2)

Title	Last Name	First Name	Int.
Home Address (number, street)			Suite No.
City or Town		Prov.	Postal Code
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"/>	Date of Birth (YY/MM/DD) _____	
Occupation		Type of Business	
Employer Name		Job Description	
% of Financial Interest in the Partnership	Email Address _____	Date (YY/MM/DD) _____	
Signature _____			

## Partner (3)

Title	Last Name	First Name	Int.
Home Address (number, street)			Suite No.
City or Town		Prov.	Postal Code
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"/>	Date of Birth (YY/MM/DD) _____	
Occupation		Type of Business	
Employer Name		Job Description	
% of Financial Interest in the Partnership	Email Address _____	Date (YY/MM/DD) _____	
Signature _____			

## Partner (4)

Title	Last Name	First Name	Int.
Home Address (number, street)			Suite No.
City or Town		Prov.	Postal Code
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"/>	Date of Birth (YY/MM/DD) _____	
Occupation		Type of Business	
Employer Name		Job Description	
% of Financial Interest in the Partnership	Email Address _____	Date (YY/MM/DD) _____	
Signature _____			

The undersigned further authorize you, in the event of death or retirement of any of the members of said partnership, to take such proceedings, require such papers, retain such portion of or restrict transactions in said account as you may deem advisable to protect you against any liability, penalty or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any member of the said partnership the remaining members will immediately cause you to be notified of such fact. If you need more space please attach an additional form.

Each of the undersigned further agrees to be bound by the terms and conditions of the Customer Agreement, which is intended to cover, in addition to the provisions hereof, the terms upon which the partnership account is to be carried.

SIGNATURES

All members must complete a W-8BEN form. All U.S. persons must complete a W-9 form. Each partnership will be required to complete a W-8IMY form. Additional forms are available by contacting your local BMO InvestorLine office.

Name  
(please print) \_\_\_\_\_

Signature \_\_\_\_\_

Witness  
Signature \_\_\_\_\_

Name  
(please print) \_\_\_\_\_

Signature \_\_\_\_\_

Witness  
Signature \_\_\_\_\_

Name  
(please print) \_\_\_\_\_

Signature \_\_\_\_\_

Witness  
Signature \_\_\_\_\_

Name  
(please print) \_\_\_\_\_

Signature \_\_\_\_\_

Witness  
Signature \_\_\_\_\_

Name  
(please print) \_\_\_\_\_

Signature \_\_\_\_\_

Witness  
Signature \_\_\_\_\_

Name  
(please print) \_\_\_\_\_

Signature \_\_\_\_\_

Witness  
Signature \_\_\_\_\_

**Any and all witnesses must be 18 years of age or older.**