

**A**

TELL US about yourself

Title	Last Name	First Name	Int.
SIN (required by the Canada Customs and 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"/>	
My BMO InvestorLine Account Number		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**B**

ELECTION TO USE spouse's or common-law partner's age

To be completed only if spouse or common-law partner is younger than Planholder and Planholder wishes to use spouse's or common-law partner's age to determine the amount of payments. Pursuant to Section Two, Part B of the Client Agreements booklet applicable to RIFs (Registered Retirement Income Fund), I hereby elect to use the age of my spouse or common-law partner (full name).

Title	Last Name	First Name	Int.
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To determine the periodic payments under the RIF, I hereby certify my spouse's or common-law partner's birthdate to be (YY/MM/DD) \_\_\_\_\_. I understand that this election may not be changed after my first payment even if my spouse or common-law partner dies, or we separate.

**C**

TYPE of payment

Minimum
  Client Selected Amount \$ \_\_\_\_\_

**D**

FREQUENCY of payments

Please arrange to have my self-directed RIF payments forwarded to me as follows:

Monthly
  Quarterly
  Semi-annually
  Once annually in the month of \_\_\_\_\_

Payments from your account are not required the first year.

**E**

PAYMENT date

Payment to commence:

on or before the 15th of the month, or
  on or before the end of the month.

Please be aware that payments to your account could occur before or after the selected date.

**F**

PAYMENT OPTIONS

Please attach a void cheque to ensure accuracy.

Bank Name	Bank Address
Transit Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Institution Number <input type="text"/> <input type="text"/> <input type="text"/> Account Number <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"/> <input type="text"/>

OR

Please deposit into my BMO InvestorLine account

**G**

DESIGNATION of successor planholder (RIF only)

In respect of this Retirement Income Fund and pursuant to the provisions of the Income Tax Act (Canada) and Section Two, Part B, paragraph 5 of the Client Agreements booklet of the RIF, I hereby designate my spouse or common-law partner as successor planholder of the RIF in the event of my death. I reserve the right to change this designation, by notice in writing delivered to BMO InvestorLine.

Name of Spouse or Common-law partner	
Spouse's or Common-law partner's SIN (required by the Canada Customs and 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"/>	
Planholder's Signature _____	Date (YY/MM/DD) _____