

Office Use Only

Tax-Free Savings Account Number:

□ □ □ □ □ □ □ □ □ □

Order Execution Only Account

Welcome to BMO InvestorLine

FOR QUICKER AND MORE EFFICIENT SERVICE

please complete all relevant sections

If you are applying for: **Please complete:**

- A new TFSA All sections except E
- A new TFSA with Options All sections
- Updating my existing TFSA Only the relevant sections
- Updating my existing TFSA with Options Only the relevant sections

Account Number: □ □ □ □ □ □ □ □ □ □

Preferred Language: English French

Account Characteristic(s): Pro* BMO Staff N/A

*You are considered to be a 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 the opening of the account(s).

Are you transferring a TFSA

Yes – Please complete the enclosed “Authorization to Transfer Account” form No – Indicate initial contribution \$ _____

A

TELL US ABOUT YOURSELF

you are the Account Holder and this account cannot be opened as a joint account.

Citizenship† □ □ □ □ □ □ □ □ □ □ Country of Residence† □ □ □ □ □ □ □ □ □ □

†U.S. persons will need to complete a W-9 form. Please contact BMO InvestorLine or visit our web site for this form.

Title □ □ □ Last □ □ □ □ □ □ □ □ □ □ First □ □ □ □ □ □ □ □ □ □

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 Dependents □ □ □ Date of Birth (Must be age of majority in your province/territory) (YY/MM/DD) □ □ □ □ □ □ □ □ □ □ SIN (required by the Canadian Revenue Agency) □ □ □ □ □ □ □ □ □ □

Occupation □ □ □ □ □ □ □ □ □ □ □ □ □ □ Employer Name □ □ □ □ □ □ □ □ □ □ □ □ □ □

Type of Business □ □ □ □ □ □ □ □ □ □ □ □ □ □ Job Description □ □ □ □ □ □ □ □ □ □ □ □ □ □

Are you currently employed by?
 BMO Financial Group BMO Nesbitt Burns BMO InvestorLine None of the above

If applicable, please provide Employee Identification Number □ □ □ □ □ □ □ □ □ □ □ □ □ □

SPOUSE

or common-law partner information

Title □ □ □ Last Name □ □ □ □ □ □ □ □ □ □ First Name □ □ □ □ □ □ □ □ □ □

Occupation □ □ □ □ □ □ □ □ □ □ □ □ □ □ Employer Name □ □ □ □ □ □ □ □ □ □ □ □ □ □

Type of Business □ □ □ □ □ □ □ □ □ □ □ □ □ □

Job Description □ □ □ □ □ □ □ □ □ □ □ □ □ □

B
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:

C
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 Account Number

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

Estimated Net Worth (C) (C = A + B) , , Address Continued

Source of Funds _____ Intended use of the Account _____

D
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
- Will any other person have authority over, or any financial interest, in your account(s)? If another person will have authority over your account(s), please complete the enclosed "Authorized Trading Agent or Power of Attorney" form.
 Yes Name:
 No
 If yes % of Financial Interest

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

I have received the Risk Disclosure Statement for Futures and Options (Section Four, Part G of the Client Agreements booklet). I understand the special risks pertaining to trading in options and that BMO InvestorLine is not registered to trade in futures. I declare that I have adequate financial resources to sustain any such transaction in which I participate.

Applicant's Signature _____ Date YY/MM/DD

G

SIGNATURE FOR ALL ACCOUNTS

ORDER EXECUTION ONLY ACCOUNT ACKNOWLEDGEMENT

I acknowledge that BMO InvestorLine 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 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.

Applicant's
Signature _____

Date
YY/MM/DD [][] [][] [][] [][] [][] [][]

CARRYING BROKER INFORMATION

I acknowledge that I have been advised that BMO InvestorLine is an Introducing Broker and BMO Nesbitt Burns Inc. is a Carrying Broker for my account. BMO InvestorLine 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.

PROTECTION OF YOUR PRIVACY

We are committed to protecting all of the personal information you share with us in order to maintain your privacy. It is our top priority to respect and uphold your need for confidentiality. The information we gather is used to verify your identity and protect you and BMO InvestorLine against fraud, to set up and manage products and services you have requested and to satisfy the regulatory obligations of our industry.

- I consent that BMO InvestorLine and BMO Financial Group may share information with each other in relation to my account so that I may have access to any financial opportunity that may arise from time to time.
- I do not consent to the sharing of information between BMO InvestorLine and BMO Financial Group with relation to my account.

By signing below, I acknowledge that from time to time, BMO InvestorLine may send me information, including direct marketing messages, in order to better understand my needs and make me aware of appropriate products and services. I am also aware that my SIN may be used for administrative and tax reporting purposes.

I may change my preferences stated above at any time by contacting BMO InvestorLine. The servicing of my account as per this agreement is in no way conditional or dependent on my preferences. I acknowledge that I cannot opt out of sharing my personal information where I have requested a product or service that is offered jointly by BMO InvestorLine and another member of BMO Financial Group.

Applicant's
Signature _____

Date
YY/MM/DD [][] [][] [][] [][] [][] [][]

Please provide a photocopy of 2 pieces of ID, one of which must be photo ID. If you already have a BMO InvestorLine account and/or a BMO Bank of Montreal account, write your SIN and account number(s) on the photocopy. If you do not have a BMO InvestorLine account or a BMO Bank of Montreal account, write your SIN on the photocopy and enclose a cheque drawn on a Canadian bank.

H

APPOINTMENT OF SPOUSE OR COMMON-LAW PARTNER AS SUCCESSOR ACCOUNT HOLDER*

I, the TFSA Account Holder, appoint my spouse or common-law partner (named below) to be the successor account holder of the TFSA upon my death. As the successor account holder, my spouse or common-law partner will acquire all of my rights as the account holder of the TFSA upon my death, and the TFSA will continue in his/her name. (The words "spouse" and "common-law partner" here have the meaning given to them under the Income Tax Act.)

I understand that this appointment will not be effective if the person named below is no longer my spouse or common-law partner at the time of my death (or if he/she dies before me). I understand that I may revoke or change this appointment at any time, and that it is my responsibility to make a new appointment if my marriage or common-law partnership breaks down (or the person named below dies before me) and I wish to appoint another person.

Spouse or Common-Law
Partner's Last Name [Please Print] _____ First Name _____

Spouse or Common-Law
Social Insurance Number _____ TFSA Account Holder
Signature _____

Date
YY/MM/DD [][] [][] [][] [][] [][] [][]

* This appointment cannot be made in Quebec, because of differences under Quebec law.