

I/We hereby appoint _____ to act as my/our Authorized Trading Agent or Power of Attorney in fact for my/our account(s) with you. My/Our agent or attorney as the case may be, will have the scope of power as outlined in Section One, Part D of the Client Agreements booklet.

Please Check

Indicate below to whom you are granting authority over your account. (If you wish to grant Trading Agent (TA) or Power of Attorney (PA) status for more than one account or to more than one person, please contact BMO InvestorLine or visit our web site for additional forms.)

For new investment account(s):

Trading Agent Power of Attorney

For new self-directed RSP/RIF account(s):

Trading Agent

For existing account(s):

Add new Trading Agent Add new Power of Attorney (investment accounts only)
 Change Trading Agent Change Power of Attorney (investment accounts only)

If you are changing your Trading Agent or your Power of Attorney, please attach a written notice revoking the existing Appointment.

Account Number: Account Name: _____

A

TELL US ABOUT YOUR TA/PA

Citizenship		Country of Residence	
Title	Last Name of TA/PA	First Name of TA/PA	Int.
Relationship to Applicant		Is the TA/PA the prime contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address (no., street) if different from applicant		Suite No.	City or Town Prov. <input type="text"/> <input type="text"/>
Postal Code	TA/PA Home Phone (area code, no.)	TA/PA Business Phone (area code, no., ext.)	
Fax No.	Other Daytime Phone	Email	
Marital Status	TA/PA Date of Birth (YY/MM/DD)	TA/PA SIN	<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"/>
Occupation	Employer Name		
Type of Business	Job Description		

A

TA/PA'S SPOUSE or common-law partner

Title	Last Name	First Name	Int.
Occupation		Employer Name	Type of Business
Job Description			

B

FOR OPTIONS account applications

TA/PA INFORMATION

1. Number of years trading in options: _____

2. How would you describe your options trading knowledge?: Expert Knowledgeable Limited None

3. Experience with: None Long Calls or Puts Covered Naked Spreads

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 Inc. is not registered to trade in futures. I declare that I have adequate financial resources to sustain any such transaction in which I participate.

TA/PA's Signature _____ Date (YY/MM/DD) _____

*You are considered to be a Pro if you, or someone you live with, is employed with an IDA member firm or related company. ©Registered trade-marks of Bank of Montreal, used under licence. BMO InvestorLine Inc. is a wholly owned subsidiary of Bank of Montreal. 6100040 (06/08)



C

PLEASE PROVIDE DETAILS if your TA/PA answers YES to the following questions

TA/PA INFORMATION

1. 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?

<input type="checkbox"/>	Yes	Company Name(s): _____
<input type="checkbox"/>	No	

2. Do you, or someone you live with, individually or as part of a group, own 10% or more of a public company?

<input type="checkbox"/>	Yes	Company Name: _____
<input type="checkbox"/>	No	

3. Do you have, or exercise authority over, any brokerage accounts with other financial institutions?

<input type="checkbox"/>	Yes	Financial Institution(s): _____
<input type="checkbox"/>	No	Account Type: _____ Account Type: _____

4. Do you have, or exercise authority over, any accounts with BMO InvestorLine?

<input type="checkbox"/>	Yes	Account #1: _____	Account #2: _____
<input type="checkbox"/>	No		

5. Do you have any financial interest in the Applicant's account(s)?

<input type="checkbox"/>	Yes	Account #1: _____	Account #2: _____
<input type="checkbox"/>	No		

6. Are you, or someone you live with, a Pro*?

<input type="checkbox"/>	Yes	If yes, please provide a letter of confirmation from the member firm's Compliance department authorizing you to be a TA/PA for this account.
<input type="checkbox"/>	No	

SIGNATURE for investment accounts

By requesting the opening of either a cash investment account, or an account granted margin facility, I certify that the information in this application is true and complete and I have received and agree to the terms and conditions as outlined in the Client Agreements booklet. I also agree to advise you immediately in writing of any material change in information.

TA/PA's Signature _____	Date (YY/MM/DD) _____
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D

CLIENT'S AUTHORIZATION and TA/PA acceptance

Sign only if you want another person to have access to your account.

The signatures on this form must be witnessed by someone other than the applicant, co-applicant, agent, attorney, spouse or common-law partner of any of these persons. One witness per signature is enough. A witness can witness more than one signature.

Applicant's Signature _____	Co-applicant's Signature (if applicable) _____
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TA/PA Acceptance

TA/PA's Signature _____	Date (YY/MM/DD) _____
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Please provide a photocopy of 2 pieces of ID, one of which must be a 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, present your 2 pieces of ID, in person, at a BMO InvestorLine office or a BMO Bank of Montreal branch.

Witness Signature

Witness Signature #1 _____	Date (YY/MM/DD) _____
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Witness Address #1 _____

Witness Signature #2 _____	Date (YY/MM/DD) _____
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Witness Address #2 _____

OFFICE use only

BRANCH INFORMATION

I have verified all and included photocopies of two pieces of ID, one of which is a valid photo ID.

Phone (area code, no., ext.) _____

Name of Branch Representative (please print)