

AUTHORIZED TRADING AGENT

A ACCOUNT DETAILS

I/We here by appoint _____ to act as my/our Authorized Trading Agent (TA) in fact for my/our account(s) with you. My/Our agent as the case may be, will have the scope of power as outlined in Section One, Part D of the Client Agreement.

Accounts:

Account Number _____	Account Type _____	Account Number _____	Account Type _____
Account Number _____	Account Type _____	Account Number _____	Account Type _____

IMPORTANT: If you are revoking your existing Trading Agent appointment, please attach a written notice to that effect.

B TELL US ABOUT YOUR TA

Citizenship _____ Country of Residence _____

Title _____ Last Name of TA _____ First Name of TA _____ Initials _____

Please enter your name exactly as it appears on your government-issued photo ID

Relationship to Applicant _____ Is the TA the prime contact? Yes No

Primary residence address (if different from applicant) _____ Suite No. _____ City or Town _____ Prov. _____
(No., street, P.O. Box address is not allowed)

Postal Code _____ TA Home Phone (area code, no.) _____ TA Business Phone (area code, no., ext.) _____

Fax No. _____ Other Daytime Phone _____ Email _____

Marital Status _____ TA Date of Birth (YY/MM/DD) _____

Employment Status Full-time (30 hours or more per week) Part-time (Less than 30 hours per week) Self employed Unemployed
 Retired Seasonal Casual/Contract

Occupation _____

Employer Name _____ Industry _____

Employer's Address (number, street) _____ Suite No. _____

City or Town _____ Prov. _____ Postal Code _____

C TA'S SPOUSE or common-law partner

Title _____ Last Name _____ First Name _____ Initials _____

Occupation _____ Employer Name _____ Industry _____

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

TA INFORMATION

1. Are you, or your spouse/common-law partner:

a. An insider, director or senior officer (i.e. an officer or one of the five highest paid employees) of a publicly traded (exchange or over-the-counter) company or affiliate of such a company?
Or
Individually, or as part of a group, own more than 10% of the voting rights attached to all voting securities?

Yes

No Company Name(s): _____

If yes, are you a Reporting Insider under Canadian securities legislation?

Yes

No Company Name(s): _____

b. Separately or in combination with other persons, a holder of more than 20% of the outstanding voting securities of a publicly traded (exchange or over-the-counter) company or affiliate of such a company?

Yes

No Company Name(s): _____

c. Individually, or as part of a group, a member with controlling interest in a publicly traded (exchange or over-the-counter) company or affiliate of such a company?

Yes

No Company Name(s): _____

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

Yes Financial institution(s): _____

No Account Type: _____ Account Type: _____

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

Yes

No Account #1 : _____ Account #2 : _____

E CLIENT'S AUTHORIZATION and TA 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.

By signing below, the Applicant agrees to receive all account statements, trade confirmations, and applicable mutual fund documentation via eDocuments only.

Applicant's Signature _____ Co-applicant's Signature (if applicable) _____

TA's Acceptance

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 (<https://www.bmoinvestorline.com/adviceDirect/pdfs/CustomerAgreementBooklet.pdf>). I also agree to advise you immediately in writing of any material change in my information.

I acknowledge and understand that personal information collected on this form will be handled in compliance with BMO's Privacy Code available on bmo.com/privacy.

TA's Signature _____

Please provide a verified photocopy of 1 piece of Federal, Provincial or Territorial government issued photo ID.

Witness Signature(s)

Name of Witness _____ Witness Signature _____

Witness Address _____ Date YY/MM/DD _____

F OFFICE USE ONLY

BRANCH INFORMATION

I have verified all and included a photocopy of a valid photo ID.

Name of Branch Representative (please print)

Phone (area code, no., ext.)