

adviceDirect®

Welcome to BMO InvestorLine

Investment Club Account

A	YOUR INVESTMENT CLUB INFORMATION	
	BMO InvestorLine Account Number:	
	An Investment Club Account Agreement must be completed when adding or removing members.	
To: BMO InvestorLine Inc. The undersigned hereby represent and warrant to you that they are all the members or partners in a club formed to invest in securities and hereby authorize you		
	account for the "Club", known as:	
	Club	
	(hereinafter called the "Club")	
	The undersigned hereby appoint	
	Authorized Authorized Tradical	
	Trading Trading Trading Ifficer No. 1 Ifficer No. 2	
	(either one or maximum two persons) as the Authorized Trading Officer(s) of the Club and for its account and risk, to buy, sell and trade in securities on margin or otherwise in accordance with your terms and conditions. You may conclusively assume that all action taken and instructions given by said Authorized Trading Officer(s) have been properly taken	
	or given pursuant to authority vested in such Authorized Trading Officer(s) by all the partners in the Club. You are authorized to follow the instructions of the said Authorized Trading	
	Officer(s) in every respect concerning said account, and to make delivery of securities and payment of monies to Authorized Trading Officer(s) or as they may order and direct and to send to the Authorized Trading Officer(s) all reports, confirmations and statements relating to the account. The said Authorized Trading Officer(s) is/are hereby authorized to execute	
	and deliver on behalf of the Club and its members your Client Agreement and any other agreements you may require, and to act for the undersigned in every respect concerning said account and to do all other things necessary or incidental to the conduct of said account. The undersigned agree that if new partners are admitted to the Club, the undersigned will	
	cause such new members to adopt and be bound by this authorization and the indemnity contained herein.	
	This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which you may have under any other agreement or agreements between you and the undersigned, or any of them now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors and assigns. This authorization and	
	indemnity is also a continuing one and shall remain in full force and effect until revoked by a written notice, addressed to you and delivered to your office at:	
	Address	
	(number, street)	
	Town Prov. Code	
	Signed by any (either one or	
	maximum two person(s) member(s)	
	No such revocation shall affect any liability arising out of any transaction initiated prior to such revocation.	
	The undersigned jointly and severally agree to indemnify and hold you harmless from and pay you promptly on any debit balance in said account. It is further agreed that in the event of death of any of the undersigned, the survivors shall immediately give you written notice thereof, and you may, before or after receiving such notice, take such proceeding, require such	
	papers, retain such portion of and/or restrict transactions in the account as you may deem advisable to protect you against any liability, tax, or penalty under any present or future laws	
or otherwise. The estate of any of the undersigned who shall have died shall be liable, and each survivor shall continue jointly and severally liable to you on the foregoing i for any debit balance or loss in said account resulting from the completion of transactions initiated prior to the receipt by you of the written notice of the death of any of the		
	or incurred in the liquidation of the account or the adjustment of the interests of the respective parties.	
	Authorized Authorized	
	Trading Trading Officer No. 1's Officer No. 2's	
	Signature Signature	

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All U.S. persons must complete a W-9 form. Please conta Each member must provide a verified photocopy of 1 piece	ct BMO InvestorLine or visit our web site for ad	ditional forms.
Title Last Name Name		First I I I I I I I I I I I I I I I I I I I
Home Address (number, street)		Suite No.
City or City o	Postal Prov. Code	Date of Birth (YY/MM/DD) Y Y M M D D
Occupation Control Con	Type of Business	
Employer	Job Description	
% of Financial Interest Email in the Club % Address		Date (YY/MM/DD) Y Y M M D D
Residency for Tax purposes (Check all that apply)		
☐ Canada (You must be a resident of Canada to open a BMO InversorLine account)	Social Insurance Number If you are using a SIN starting withg a 9 please su	(required by Canada Revenue Agency) bmit a a photocopy of your SIN card showing a valid expiry date.
□ U.S.	Tax Identification Number	(please provide a reason if Tax Identification Number is missing)
☐ Other (please specify)	Tax Identification Number	(please provide a reason if Tax Identification Number is missing)
☐ Other (please specify)	Tax Identification Number	(please provide a reason if Tax Identification Number is missing)
Reasons for missing Tax Identification Number (TIN):		
$\ \square$ 1. I have applied for a TIN but have not yet received $\ \square$	one.	
$\ \square$ 2. My jurisdiction of tax residence does not issue TINs	to its residents.	
☐ 3. Other (please provide details)		
Certification		
	omplete I will give RMO InvestorLine a new for	
on this form to become incomplete or inaccurate.	omprete. I will give one investorable a new for	m within 30 days of any change in circumstances that causes the information
on this form to become incomplete or inaccurate. Signature of Member	Signature of Witne	
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Signature of Member Title Last Name Home Address (number, street) City or Town Occupation Employer Name % of Financial Interest Email in the Club Address Residency for Tax purposes (Check all that apply) Canada (You must be a resident of Canada to open a BMO InversorLine account)	Signature of Witness of Witness of Witness of Witness Prov. Postal Code Type of Business Job Description Social Insurance Number If you are using a SIN starting withg a 9 please su	First Name
Signature of Member Title Last Name Home Address (number, street) City or Town Employer Name Employer Address (Check all that apply) Residency for Tax purposes (Check all that apply) Canada (You must be a resident of Canada to open a BMO InversorLine account) U.S.	Signature of Witness Prov. Postal Code Type of Business Job Description Social Insurance Number If you are using a SIN starting withg a 9 please su Tax Identification Number Tax Identification Number	First Name
Signature of Member Title	Signature of Witness of Witness Prov. Postal Code Type of Business Job Description Social Insurance Number If you are using a SIN starting withg a 9 please su Tax Identification Number	First Name
Signature of Member Title	Signature of Witness of Witness of Witness of Witness Prov. Prov. Postal Code Type of Business Job Description Social Insurance Number If you are using a SIN starting withg a 9 please su Tax Identification Number Tax Identification Number Tax Identification Number	First Name
Signature of Member Title	Signature of Witness of Witness Prov. Prov. Postal Code Type of Business Job Description Social Insurance Number If you are using a SIN starting withg a 9 please su Tax Identification Number Tax Identification Number Tax Identification Number Tax Identification Number	First Name



SIGNATURES (continued)				
Certification				
I certify that the information given above is correct and complete. It on this form to become incomplete or inaccurate.	vill give BMO InvestorLine a new form within 30 days of any change in circumstances that causes the information			
Signature of Member	Signature of Witness			
Title Last Name Last	First			
Home Address (number, street)	Suite No.			
City or Town	Prov. Postal Date of Birth (YY/MM/DD) Y Y M M D D			
Occupation Company Com	Type of Business Business			
Employer Name				
% of Financial Interest Email in the Club % Address	Date (YY/MM/DD) Y Y M M D D			
Residency for Tax purposes (Check all that apply)				
	orance Number (required by Canada Revenue Agency) Using a SIN starting withg a 9 please submit a a photocopy of your SIN card showing a valid expiry date.			
□ U.S. Tax Identi	fication Number (please provide a reason if Tax Identification Number is missing)			
☐ Other (please specify) Tax Identi	ication Number (please provide a reason if Tax Identification Number is missing)			
☐ Other (please specify) Tax Identi	fication Number (please provide a reason if Tax Identification Number is missing)			
Reasons for missing Tax Identification Number (TIN):				
☐ 1. I have applied for a TIN but have not yet received one.				
☐ 2. My jurisdiction of tax residence does not issue TINs to its residents.				
☐ 3. Other (please provide details)				
Certification				
I certify that the information given above is correct and complete. I will give BMO InvestorLine a new form within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.				
Signature of Member	Signature of Witness			

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