



InvestorLine

Office Use Only

FP/FSM Name: \_\_\_\_\_

FP/FSM Phone Number: \_\_\_\_\_

FP/FSM Email Address: \_\_\_\_\_

adviceDirect®

MY AUTHORIZATION

A

This is my/our authorization to transfer my/our account with you to my/our BMO InvestorLine account:

Name of Institution From Which Account is Being Transferred \_\_\_\_\_

Address (number, street) \_\_\_\_\_ Suite Number \_\_\_\_\_

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

To transfer my/our account:

☐ Cash ☐ Margin ☐ Option ☐ Short Margin

Account Number \_\_\_\_\_

With you to my/our BMO InvestorLine account:

☐ Cash ☐ Margin ☐ Option ☐ Short Margin

Account Number \_\_\_\_\_

In the manner indicated below:

☐ Entire account in cash (all investments must be liquidated by the account holder(s) and converted into cash prior to transferring).

☐ Entire account in kind\* (all investments are to be transferred in their existing form).

**Note:** For those plans holding mutual funds and GICs please be very specific, as certain restrictions may apply to the transfer of some mutual funds and GICs. Please contact BMO InvestorLine for more details.

Please cancel all open orders which are on your books for the above account and any pre-authorized plan.

Or for partial transfers:

☐ Securities, please specify:

Quantity

Security

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Monies listed:

CA: Cash \$ \_\_\_\_\_

Debit \$ \_\_\_\_\_

US: Cash \$ \_\_\_\_\_

Debit \$ \_\_\_\_\_

\* For in kind transfers – please register under our Transfer Agent, BMO Nesbitt Burns, Dealer 9185, rep # \_\_\_\_\_  
FINS T009 / DTC 5043, CUID NTDT.

BUSINESS/ORGANIZATION INFORMATION

B

Legal (registered) Name of Business or Organization \_\_\_\_\_

Type of Business \_\_\_\_\_

Legal Address (jurisdiction where registered) \_\_\_\_\_ Suite Number \_\_\_\_\_

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact's Title \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Contact's Position at the company \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**SIGNATURES**

**C**

I/We acknowledge that transfers can take several weeks to complete, depending on the actions of the other Institution. Interest will commence, in accordance with the terms of the investment chosen, upon receipt of the transfer from the other Institution.

Signature of Authorized Trading Officer (1) \_\_\_\_\_ Date (DD/MM/YYYY) 

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Signature of Authorized Trading Officer (2) \_\_\_\_\_ Date (DD/MM/YYYY) 

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Effective Date of Postdated Request Date (DD/MM/YYYY) 

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**Reminder:** Please submit this form along with the most recent copy of your statement(s) from the Transferring Institution.

**RETURN THIS FORM**

**D**

Please include the most recent statement of the account you wish to transfer and send it to:

BMO InvestorLine Inc.  
First Canadian Place  
100 King Street West, 35th floor  
Toronto, Ontario  
M5X 1H3  
Toll-free: 1 888 776-6886

**OFFICE USE ONLY**

Transfer to: \_\_\_\_\_

☐ M009

☐ T009

☐ V012

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