

PERSONAL INFORMATION REGISTER OR CHANGE PREFERENCE FORM

A INFORMATION ABOUT YOU

To: **BMO InvestorLine**

From:

Last Name	First Name	Int.
Home Address (number, street)		Suite No.
City or Town	Postal Code	Prov.
Account Number 1	Account Number 2	

B SHARING OF PERSONAL INFORMATION WITHIN BMO FINANCIAL GROUP

- I/We request that my name be **added to** the shared information list held by BMO InvestorLine. I/We understand that this means I/we am opting-in to having BMO InvestorLine provide my personal information to other members of BMO Financial Group.
- I/We request that my name be **removed from** the shared information list held by BMO InvestorLine. I/We understand that this means I/we am opting-out of having BMO InvestorLine provide my personal information to other members of BMO Financial Group.

I acknowledge that I cannot opt out of having my personal information provided to relevant members of BMO Financial Group, where I have requested a product or service that is offered jointly by BMO InvestorLine and other member(s) of BMO Financial Group.

C DIRECT MARKETING

- I request that my name be **added to** the direct marketing list held by BMO InvestorLine.
- I request that my name be **removed from** the direct marketing list held by BMO InvestorLine.

Direct marketing does not include information:

- Enclosed with or on your monthly or quarterly statement
- Posted online on our web site or electronic bulletin boards
- Conveyed to you in person by us

D USE OF SOCIAL INSURANCE NUMBER (SIN)

- I request that my SIN **not be used** for administrative purposes within BMO InvestorLine's internal electronic systems for activities, such as statement processing.

I understand that I cannot opt out of having BMO InvestorLine use my SIN for income tax reporting purposes.

E SIGNATURES

Applicant Signature

Date
YY/MM/DD

Co-applicant's Signature (if applicable)

Date
YY/MM/DD