

**AUTHORIZATION TO TRANSFER NON-PERSONAL ACCOUNT**

**A MY AUTHORIZATION**

**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)

City or Town

Suite  
Number

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.

**B BUSINESS/ORGANIZATION INFORMATION**

Legal (registered) Name of  
Business or Organization

Type of  
Business

Legal Address (jurisdiction  
where registered)

City or Town

Province

Suite  
Number

Postal  
Code

Contact's      Last  
Title      Name

First  
Name

Initial

Contact's Position  
at the company

Business  
Phone

Ext.

## C SIGNATURES

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  
(YY/MM/DD)

Signature of Authorized  
Trading Officer (2)

Date  
(YY/MM/DD)

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

## D RETURN THIS FORM

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

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

## E FOR OFFICE USE ONLY - Special Instructions

Transfer to:

M009

T009

V012