

ADDITIONAL AUTHORIZED TRADING OFFICER INFORMATION

A TELL US ABOUT the authorized trading officer

BMO InvestorLine

Account Number:

If some other person will have authority over, or financial interest, in this account, please complete the following information. This includes Authorized Trading Officers, sole owners, partners, executors and trustees. **There is a maximum of two Authorized Trading Officers per account.** Please contact BMO InvestorLine or visit our web site for additional forms.

Preferred Language:

English French Citizenship

Country of Residence

Account Characteristic(s): Pro* BMO Staff

You are completing this form as: Authorized Trading Officer Sole Owner Beneficial Owner (own greater than 10% interest, directly or indirectly in the account)

*You are considered to be a Pro if you, or someone you live with, is employed with an IIROC member firm or related company. Please provide a letter of confirmation from the member firm's Compliance department authorizing the opening of the account(s).

Title Last Name First Name Initials

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

Primary residence address Suite No. City or Town Prov.

(No., street, P.O. Box address is not allowed)

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

Fax No. Other Daytime Phone Email

Mailing Address if different from above Suite No.

City or Town Prov. Postal Code

Marital Status No. of Dependants Date of Birth (YY/MM/DD) SIN

Employment Status Full-time (30 hours or more per week) Part-time (Less than 30 hours per week) Self employed Unemployed Retired (Please provide your last: occupation, employer's name, industry, city and prov.) Casual/Contract Seasonal

Occupation

Employer Name Industry

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

City or Town Prov. Postal Code

B FINANCIAL information

Please provide your BMO Banking Information (if applicable).

BMO Transit Number BMO Account Number

BMO Bank Address

Address Continued

C FOR OPTIONS account applications

- Number of years trading in options:
- How would you describe your options trading knowledge?: Expert Knowledgeable Limited None
- Experience with: None Long Calls or Puts Covered Naked Spreads

I have received the Risk Disclosure Statement for Futures and Options (Section Three, Part G of the Client Agreements). I understand the special risks pertaining to trading in options and that BMO InvestorLine Inc. is not registered to trade in futures. I declare that I have adequate financial resources to sustain any such transaction in which I participate.

Additional Authorized Trading Officer's Signature

Date YY/MM/DD

D PLEASE PROVIDE DETAILS if you answer YES to the following questions

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 NOW TELL US about your spouse or common-law partner

Please omit this section if your spouse or common-law partner is an Authorized Trading Officer.

Title	Last Name	Employer Name	First Name	Industry	Initials
Occupation					

F SIGNATURE

By requesting the opening of either a cash investment account, or an account granted margin facility, 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. I also agree to advise you immediately in writing of any material change in information.

Additional Authorized Trading Officer's Signature

Date
YY/MM/DD

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

G 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.)

EIN#

Branch
Stamp