Wealth Management BMO **BMO InvestorLine**

Welcome to BMO InvestorLine

AUTHORIZED TRADING AGENT

A	PLEASE CHECK
	I/We hereby appoint to act as my/our Authorized Trading Agent in fact for my/our account(s) with you. My/Our agent as the case may be, will have the scope of power as outlined in Section One, Part D of the Client Agreement.
	Please Check Indicate below to whom you are granting authority over your account. (If you wish to grant Trading Agent (TA) status for more than one account or to more than one person, please contact BMO InvestorLine or visit our web site for additional forms.)
	For new account(s):
	Trading Agent (To appoint Power of Attorney please complete Record Filing for Power of Attorney Form)
	For existing account(s): Add new Trading Agent Change Trading Agent
	If you are changing your Trading Agent please attach a written notice revoking the existing Appointment.
	Account Number:
B	TELL US ABOUT YOUR TA
	Citizenship
	Title Last Name First Name Initials
	Please enter your name exactly as it appears on your government-issued photo ID.
	Relationship Image: Constraint of the prime contact in the prime con
	Primary residence address Suite City or Town Prov
	(No., street, P.O. Box address is not allowed) Postal TA Home Phone TA Home Phone TA Business Phone
	Code (area code, no.)
	Fax Other Daytime Email No. Phone Email
	Marital TA Date of Birth Y M M D D TA SIN I<
	Employment 🗆 Employed 🔤 Self employed 🔤 Unemployed Status 🔤 Retired 🔤 Homemaker 🔤 Student Occupation
	Employer
	Employer's Address
	City or a second seco
	Town
C	TA'S SPOUSE or common-law partner
	Title Last Name Name Initials
	Occupation
D	FOR OPTIONS account applications
	TA INFORMATION
	1. Number of years trading in options:

2. How would you describe your options trading knowledge?:
Expert
Knowledgeable
Limited
None

3. Experience with: None Long Calls or Puts Covered Naked Spreads

I have received the Risk Disclosure Statement for Futures and Options (Section Four, 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.

TA's Signature

Date	v	Y	м	м	D	D
YY/MM/DD			141	1111		<i>w</i>

0007-SD-E (06/2016)

1

®Registered trade-marks of Bank of Montreal, used under licence. BMO InvestorLine Inc. is a wholly owned subsidiary of Bank of Montreal. Member – Canadian Investor Protection Fund and Member of the Investment Industry Regulatory Organization of Canada.

	E PLEASE PROVIDE DETAILS if your TA answers YES to the following qu	estio	ns													
	TA INFORMATION															
	 Are you, or your spouse/common-law partner: Are insider, director or senior officer (i.e. an officer or one of the five highest paid employees) of a provide the provided of the five highest paid employees. 	ublicly tr	aded (excha	nge o	r over-	the-co	unter) com	pany	or af	filiate	of suc	:h a c	ompar	ıy?
	Or Individually, or as part of a group, own more than 10% of the voting rights attached to all voti	ng secui	ities?													
	□ Yes □ No Company Name(s):															
	If yes, are you a Reporting Insider under Canadian securities legislation?															
	Yes Company Name(s):			1	I					I	1		1			
	 No Company Name(s): I I I I I I I I I I I I I I I I I I I	g voting	secu	rities o	of a p	ublicly	trade	ed (e)	chan	ge or	over	-the-	count	er) co	mpar	y
	□ Yes □ No Company Name(s):															
	c. Individually, or as part of a group, a member with controlling interest in a publicly traded (excl	nange o	over	-the-c	ounte	r) con	ipany	or af	filiate	of su	ıch a	com	pany?			
	□ Yes □ No. Company Name(s): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □															
	 No Company Name(s): L L<td></td><td></td><td></td><td></td><td></td><td>·</td><td></td><td></td><td></td><td>·</td><td></td><td></td><td></td><td></td><td></td>						·				·					
	Yes Financial institution(s):															
		Accoun	+ T	.						Ì		1				
	3. Do you have, or exercise authority over, any accounts with BMO InvestorLine?	Accoun	стуре	:						_						
	No Account #1:	Acco	unt #2	2:												
_																
Ľ	F SIGNATURE for investment accounts															
	By requesting the opening of either a cash investment account, or an account granted margin	facility	, I cer	tify th	nat th	e info	rmati	on ir	n this	appl	icati	on is	true	and c	ompl	ete
	and I have received and agree to the terms and conditions as outlined in the Client Agreemen in information.	ts. I also	o agre	e to a	advis	e you	imme	ediat	ely in	writ	ing c	of an	y mat	erial	chan	ge
	TA's							0	Date		l v	Ιv	м	м		n
-	Signature							١	Y/MI	A/DD			141	IVI		
Ŀ	G CLIENT'S OFFICE AUTHORIZATION and TA acceptance															
	Sign only if you want another person to have access to your account.															
	The signatures on this form must be witnessed by someone other than the applicant, co-applicar	it, agen	t, atto	rney,	spou	se or (omm	on-la	iw pa	rtner	of a	ny of	these	e pers	sons.	One
	witness per signature is enough. A witness can witness more than one signature. By signing below, the Applicant agrees to receive all account statements, trade confirmations, an	d applic	able	mutua	al fun	d doci	iment	tatior	n via	eDoc	ume	nts o	nly.			
	Applicant's Co-appl												,			
	Signature (if appl															
	TA Acceptance															
	TA's Signature								Date YY/MI	N/DD	Y	Y	M	м	D	D
	Please provide a photocopy of 2 pieces of ID, one of which must be a photo ID. If you already have a SIN and account number(s) on the photocopy. If you do not have a BMO InvestorLine account or a BA InvestorLine office or a BMO Bank of Montreal branch.	BMO In 10 Bank	vesto of M	rLine a ontrea	accou Il acco	nt and ount, p	/or a resen	BMO t you	Bank r 2 pi	of M eces (ontre of ID,	eal ac in pe	count erson,	, writ at a	e you BMO	ſ
	Witness Signature(s)															
	Name of Witness Witness Signatu															
	Name of Witness								Date YY/MI	M/DD	Y	Y	м	М	D	D
	Name of Witness Witness Witness Signatu Witness Unit of the second									M/DD	Y	Y	м	M	D	D
	Name of Witness Witness Witness Address									M/DD		Y	M	м	D	D
	Name of Witness Witness Witness Signatu Witness Address H OFFICE USE ONLY									M∕DD		Y	M	М	D	D
	Name of Witness Witness Witness Signatu Witness Address H OFFICE USE ONLY BRANCH INFORMATION I have verified all and included photocopies of two pieces of ID, one of which is a valid photo ID.						 			Λ/DC	Y	Y	M	м	D	D
	Name of Witness Witness Witness Signatu Witness H OFFICE USE ONLY BRANCH INFORMATION	re	ext.)							//DC	, Y	Y	M	M	D	D