

FILING RECORD FOR POWER OF ATTORNEY

A PLEASE CHECK

This document is an accompaniment to the original, notarized copy of the Power of Attorney that is being deposited with BMO InvestorLine for the purposes of adding the Attorney as an authorized signatory to the account(s) of the Client named below. A separate form must be completed for each Attorney authorized. Please note that BMO InvestorLine may refuse to accept an instruction from an Attorney, if there is reason to believe that the instruction is not consistent with the Attorney's obligations.

Legal Name of Client _____

Account(s) _____

Account number	Account type	Account number	Account type
_____	_____	_____	_____
_____	_____	_____	_____

Confirmation of incapacity from a medical practitioner or authorized capacity assessor is required in case of client incapacity.

B TELL US ABOUT YOUR PA

Citizenship _____ Country of Residence _____

Title _____ Last Name of PA _____ First Name of PA _____ Initials _____

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

Relationship to Applicant _____ Is the PA the prime contact? Yes No

Primary residence address (if different from applicant) _____ Suite No. _____ City or town _____ Prov. _____

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

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

Fax No. _____ Other Daytime Phone _____ PA Date of Birth (YY/MM/DD) _____

Marital Status _____ Email _____

Employment Status Full-time (30 hours or more per week) Part-time (Less than 30 hours per week) Self employed Unemployed
 Retired Seasonal Casual/Contract

Occupation _____

Employer Name _____ Industry _____

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

City or Town _____ Prov. _____ Postal Code _____

C PA'S SPOUSE or common-law partner

Title _____ Last Name _____ First Name _____ Initials _____

Occupation _____ Employer Name _____ Industry _____

D FOR OPTIONS account applications

PA INFORMATION

- 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 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.

PA's Signature _____ Date YY/MM/DD _____

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E PLEASE PROVIDE DETAILS if your PA answers YES to the following questions

PA INFORMATION

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: _____

F CLIENT'S CONFIRMATION and PA 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-applicant, attorney, spouse or common-law partner of any of these persons. One witness per signature is enough. A witness can witness more than one signature.

Applicant's Signature _____ Co-applicant's Signature (if applicable) _____

PA Acceptance

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 (https://www.bmoinvestorline.com/selfDirected/pdfs/ClientAgreements_SD_E.pdf). I also agree to advise you immediately in writing of any material change in my information.

If I am a mandatary, tutor or temporary representative for a Quebec client (a "legal representative"), I acknowledge that I am responsible for investment decisions I make on behalf of the client and that BMO InvestorLine Inc. is not responsible for any investments I make or the suitability of the investments I transact on behalf of the client in a BMO InvestorLine Self-Directed account. I further acknowledge that BMO InvestorLine Inc. is not responsible to monitor the performance of my duties as a legal representative, which are solely my responsibility. I hereby release and discharge BMO InvestorLine Inc., its directors, officers, employees, agents and affiliates from all claims, damages, losses, costs and expenses that may arise from, or relate to, my actions or omissions as legal representative authorized to transact for the account(s) listed herein.

I acknowledge and understand that personal information collected on this form will be handled in compliance with BMO's Privacy Code available on bmo.com/privacy.

PA's Signature _____ Date YY/MM/DD _____

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

Witness Signature(s)

Name of Witness _____ Witness Signature _____

Witness Address _____ Date YY/MM/DD _____

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.) _____