

INVESTMENT CLUB ACCOUNT

A YOUR INVESTMENT CLUB INFORMATION

BMO InvestorLine
Account Number:

An Investment Club Account Agreement must be completed when adding or removing members.

To: BMO InvestorLine Inc.

The undersigned hereby represent and warrant to you that they are all the members or partners in a club formed to invest in securities and hereby authorize you to open a securities account for the "Club", known as:

Club
Name
(hereinafter called the "Club")

The undersigned hereby appoint

Authorized
Trading
Officer No. 1

Authorized
Trading
Officer No. 2

(either one or maximum two persons) as the Authorized Trading Officer(s) of the Club and for its account and risk, to buy, sell and trade in securities on margin or otherwise in accordance with your terms and conditions. You may conclusively assume that all action taken and instructions given by said Authorized Trading Officer(s) have been properly taken or given pursuant to authority vested in such Authorized Trading Officer(s) by all the partners in the Club. You are authorized to follow the instructions of the said Authorized Trading Officer(s) in every respect concerning said account, and to make delivery of securities and payment of monies to Authorized Trading Officer(s) or as they may order and direct and to send to the Authorized Trading Officer(s) all reports, confirmations and statements relating to the account. The said Authorized Trading Officer(s) is/are hereby authorized to execute and deliver on behalf of the Club and its members your Client Agreement and any other agreements you may require, and to act for the undersigned in every respect concerning said account and to do all other things necessary or incidental to the conduct of said account. The undersigned agree that if new partners are admitted to the Club, the undersigned will cause such new members to adopt and be bound by this authorization and the indemnity contained herein.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which you may have under any other agreement or agreements between you and the undersigned, or any of them now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors and assigns. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by a written notice, addressed to you and delivered to your office at:

Address
(number, street)

Suite
No.

City or
Town

Prov.

Postal
Code

Signed by any (either one or
maximum two person(s) member(s)

No such revocation shall affect any liability arising out of any transaction initiated prior to such revocation.

The undersigned jointly and severally agree to indemnify and hold you harmless from and pay you promptly on any debit balance in said account. It is further agreed that in the event of death of any of the undersigned, the survivors shall immediately give you written notice thereof, and you may, before or after receiving such notice, take such proceeding, require such papers, retain such portion of and/or restrict transactions in the account as you may deem advisable to protect you against any liability, tax, or penalty under any present or future laws or otherwise. The estate of any of the undersigned who shall have died shall be liable, and each survivor shall continue jointly and severally liable to you on the foregoing indemnity and for any debit balance or loss in said account resulting from the completion of transactions initiated prior to the receipt by you of the written notice of the death of any of the undersigned or incurred in the liquidation of the account or the adjustment of the interests of the respective parties.

Authorized
Trading
Officer No. 1's
Signature

Authorized
Trading
Officer No. 2's
Signature

B SIGNATURES

All members, including Authorized Trading Officer(s), must complete both the following information and a W-8BEN form.

All U.S. persons must complete a W-9 form. Please contact BMO InvestorLine or visit our web site for additional forms.

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

| | | | |
|-------------------------------------|-----------|------------------|-----------------------------|
| Title | Last Name | First Name | Int. |
| Home Address (number, street) | | | Suite No. |
| City or Town | Prov. | Postal Code | Date of Birth (YY/MM/DD) |
| Occupation | | Type of Business | |
| Employer Name | | Job Description | |
| % of Financial Interest in the Club | % | Email | Date Address (YY/MM/DD) |

Residency for Tax purposes (Check all that apply)

- ☐ Canada (You must be a resident of Canada to open a BMO InversorLine account) Social Insurance Number (required by Canada Revenue Agency)
If you are using a SIN starting with a 9 please submit a photocopy of your SIN card showing a valid expiry date.
- ☐ U.S. Tax Identification Number (please provide a reason if Tax Identification Number is missing)
- ☐ Other (please specify) Tax Identification Number (please provide a reason if Tax Identification Number is missing)
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Reasons for missing Tax Identification Number (TIN):

- ☐ 1. I have applied for a TIN but have not yet received one.
- ☐ 2. My jurisdiction of tax residence does not issue TINs to its residents.
- ☐ 3. Other (please provide details)

Certification

I certify that the information given above is correct and complete. I will give BMO InvestorLine a new form within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

Signature
of Member

Signature
of Witness

| | | | |
|-------------------------------------|-----------|------------------|-----------------------------|
| Title | Last Name | First Name | Int. |
| Home Address (number, street) | | | Suite No. |
| City or Town | Prov. | Postal Code | Date of Birth (YY/MM/DD) |
| Occupation | | Type of Business | |
| Employer Name | | Job Description | |
| % of Financial Interest in the Club | % | Email | Date Address (YY/MM/DD) |

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B SIGNATURES (continued)**Certification**

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Signature
of MemberSignature
of Witness

| | | | |
|----------------------------------|--------------|----------------|-----------------------------|
| Title | Last Name | First Name | Int. |
| Home Address (number, street) | | | Suite No. |
| City or Town | Prov. | Postal Code | Date of Birth (YY/MM/DD) |

Occupation

Employer
NameType of
Business
Job
Description% of Financial Interest
in the Club

%

Email

Date Address
(YY/MM/DD)**Residency for Tax purposes** (Check all that apply)☐ Canada (You must be a resident of Canada to open
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Social Insurance Number

(required by Canada Revenue Agency)

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☐ U.S.

Tax Identification Number

(please provide a reason if Tax Identification Number is missing)

☐ Other (please specify)

Tax Identification Number

(please provide a reason if Tax Identification Number is missing)

☐ Other (please specify)

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Signature
of MemberSignature
of Witness

Any and all witnesses must be 18 years of age or older.