

# Welcome to BMO InvestorLine BMO INVESTORLINE PERSONAL ACCOUNT APPLICATION

| A        | FOR QUICKER AND MORE EFFICIENT S   | ERVICE (please       | e complete all rel  | evant sections)       |                        |                   |                         |                        |
|----------|--|----------------------|---------------------|-----------------------|------------------------|-------------------|-------------------------|------------------------|
|          | Please note it will take us longer to process your pap<br>bmo.com/self-directed                                | per requests. For a  | a quicker turnaroun | d, we recommend       | completing online f    | forms. You car    | access online ac        | ccount applications at |
|          | If you are applying for:   |                      |                     |                       |                        |                   |                         | Please complete:       |
|          | An investment account  |                      |                     |                       |                        |                   |                         | All sections except K  |
|          | A self-directed registered plan account  |                      |                     |                       |                        |                   | All sect                | ions except H, I and J |
|          | An investment account and a self-directed registered   | ed plan account      |                     |                       |                        |                   |                         | All sections           |
|          | Updating my existing account(s)  |                      |                     |                       |                        |                   | Only                    | the relevant sections  |
|          | Account Number(s):   |                      |                     |                       |                        |                   |                         |                        |
|          |  | French               | _                   | _                     | _                      |                   |                         |                        |
|          |  |                      | L Individual        | Joint                 | Sole Proprietor        | · •               |                         |                        |
|          | *You are considered to be a Pro if you, or someone you<br>firm's Compliance department authorizing the opening |                      |                     | member firm or rel    | lated company. Plea    | se provide a le   | etter of confirmati     | ion from the member    |
|          | If opening a joint account, please complete the "Co-   |                      |                     |                       |                        |                   |                         |                        |
|          |  |                      | Margin              | <br>Margin with Or    | ations                 |                   | with Short Selling      |                        |
|          | All investment accounts operate in both U.S. and Cana  |                      | <u> </u>            |                       | 50013                  |                   | with short sening       |                        |
|          | ·  |                      | LIRA/LRSP*          |                       |                        |                   | RLIF                    |                        |
|          | account: Spousal RSP   |                      |                     |                       |                        |                   |                         | with options           |
|          | *You can apply for both a RSP and LIRA   |                      |                     |                       |                        |                   |                         |                        |
|          | Are you transferring a self-directed registered plan acc   | count(s)?            |                     |                       |                        |                   |                         |                        |
|          | Yes – Please complete our "Authorization to Transfe  |                      | 🗌 No – Indicate ini | itial contribution \$ |                        |                   |                         |                        |
|          | '  | Federal              | Provincial - Reg    |                       | ovince of              |                   |                         |                        |
|          | If yes, please include a completed and signed Locked-  |                      |                     |                       |                        |                   |                         |                        |
|          | Would you like a mutual fund Automatic Investment P  | lan application?     | Yes                 | No                    |                        |                   |                         |                        |
| B        | TELL US ABOUT YOURSELF (If this is a joi   | int investment acc   | ount, you are the p | rimary contact; if th | nis is a self directed | registered pla    | n account, you are      | e the Planholder       |
| <u> </u> | U.S. persons will need to complete a W-9 form. Plea  |                      |                     |                       |                        |                   |                         |                        |
|          |  |                      |                     |                       |                        |                   |                         |                        |
|          | Citizenship  |                      |                     | untry of Residence    |                        |                   |                         |                        |
|          | Please enter your name exactly as it appears on your g   | jovernment-issued    | photo ID.           |                       |                        |                   |                         |                        |
|          | Last<br>Title Name   |                      |                     | First<br>Name         |                        |                   |                         |                        |
|          | Preferred Name (If other than your legal name) (Optiona  | d)                   |                     | Nume                  |                        |                   |                         |                        |
|          | Last   | ")                   | First               |                       |                        |                   | Middle                  |                        |
|          | Name   |                      | Name                |                       |                        |                   | Initials                |                        |
|          | If opening an "informal trust" investment account, please name the beneficiary(ies): (Last, First Name)        |                      |                     |                       | ,                      |                   |                         |                        |
|          | For an informal trust account please include a complete  | ed and signed Info   | ormal Trust Supplem | entary Form Inform    | mal Trust Accounts a   | are not nermitt   | ed in the Provinc       | e of Quebec            |
|          | Home Address   | ed and signed inte   | indi nost supplen   |                       |                        | ine not permit    | Suite                   |                        |
|          | (number, street)   |                      |                     |                       |                        |                   | No.                     |                        |
|          | City or  |                      |                     |                       |                        |                   | Postal                  |                        |
|          | Town   |                      |                     |                       | Prov.                  |                   | Code                    |                        |
|          | Primary Phone  |                      | Secondary Ph        |                       |                        |                   |                         |                        |
|          | (area code, no.)   |                      | (area code, no      | D.)                   |                        |                   | Ext.                    |                        |
|          |  | ther Daytime         |                     |                       | <b>F</b> 11            |                   |                         |                        |
|          |  | hone                 |                     |                       | Email                  |                   |                         |                        |
|          | Mailing Address<br>if different from above   |                      |                     |                       |                        |                   | Suite<br>No.            | e                      |
|          |  |                      |                     |                       |                        |                   | 110.                    |                        |
|          | City or<br>Town  |                      | Prov.               | Postal<br>Code        |                        | Marital<br>Status |                         |                        |
|          | Residency for Tax purposes (Check all that apply)  |                      |                     |                       |                        | 510105            |                         |                        |
|          | Canada (You must be a resident of Canada to open<br>a BMO InvestorLine account)                                | Social Insuran       | ce Number           |                       | (                      | required by Ca    | nada Revenue A <u>c</u> | jency)                 |
|          | U.S. (including U.S. citizen)  | Tax Identificat      | tion Number         |                       | (please provide        | e a reason if Tax | dentification Nu        | mber is missing)       |
|          | Other (please specify)   | Tax Identificat      | tion Number         |                       | (please provide        | e a reason if Tax | dentification Nu        | mber is missing)       |
|          | $\Box$ Other (please specify)  | Tax Identificat      | tion Number         |                       |                        |                   |                         | Number is missing)     |
|          | Reasons for missing Tax Identification Number (TIN):   |                      |                     |                       | (piease piona          |                   | ax identification i     | dinder is missing)     |
|          | $\Box$ 1. I have applied for a TIN but have not yet received   | d one.               |                     |                       |                        |                   |                         |                        |
|          | $\Box$ 2. My jurisdiction of tax residence does not issue TIM  | Ns to its residents. |                     |                       |                        |                   |                         |                        |
|          | $\Box$ 3. Other (please provide details)   |                      |                     |                       |                        |                   |                         |                        |
|          | No. of Date of Birth<br>Dependants (YY/MM/DD)  |                      |                     |                       |                        |                   |                         |                        |

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| B TELL US ABOUT YOURSELF (If this is a joint investme<br>and this account cannot b  | ent account, you are the primary contact; if this is a solution of the primary contact; if this is a solution of the primary continued (continued) | self directed registered pla                 | n account, you are the Planholder |  |  |  |  |
|---|--|--|-----------------------------------|--|--|--|--|
| Employment  Full-time (30 hours or more per week) Status Retired  | $\Box$ Part-time (Less than 30 hours per week)   | □ Self employed<br>□ Casual/Contract         | ☐ Unemployed<br>☐ Seasonal        |  |  |  |  |
| Occupation<br>Employer<br>Name<br>Employer's Address<br>(number, street)  | Industry   |  | Suite<br>No.                      |  |  |  |  |
| City or<br>Town<br>Employer's Phone<br>Number   |  | Prov.  | Postal<br>Code                    |  |  |  |  |
|   |  |  |                                   |  |  |  |  |
| C SPOUSE or common-law partner information<br>Please omit this section if the Applicant's spouse or common-law  |  |  |                                   |  |  |  |  |
| Last<br>Title Name  | First<br>Name  |  |                                   |  |  |  |  |
| Occupation  | Employer<br>Name   |  |                                   |  |  |  |  |
| Industry<br>If you are opening an RSP account and your spouse or common-law partner will be contributing to It,<br>then please provide their SIN (required by the Canada Revenue Agency):                       |  |  |                                   |  |  |  |  |
| D WITH your security in mind  |  |  |                                   |  |  |  |  |
| Please create a temporary password, which must be 6 letters and/or numbers. When you sign in to your account the first time through our automated systems, you will be asked to change this temporary password. |  |  |                                   |  |  |  |  |
| Password for<br>your Account:   |  |  |                                   |  |  |  |  |
|   |  |  |                                   |  |  |  |  |
| E FINANCIAL information   |  |  |                                   |  |  |  |  |
| Please round to the nearest dollar.<br>Annual Income  | Please provide your BMO Banking Information (if applicable).   |  |                                   |  |  |  |  |
| from all sources  | BMO Transit<br>Number  | BMO Account<br>Number                        |                                   |  |  |  |  |
| Net Liquid Assets (A)<br>(Cash & Securities less loans<br>outstanding against securities)   | BMO Bank Address   |  |                                   |  |  |  |  |
| Net fixed Assets (B)<br>(Fixed assets less liabilities<br>outstanding against fixed assets)<br>Estimated Net Worth (C)<br>(C=A+B)   | Address Continued  |  |                                   |  |  |  |  |
| Source of<br>Annual Income         Employment income         Student loans/b           Inheritance         Inheritance         Inheritance  |  | Social assistance Social in securities Other | Alimony (spousal support)         |  |  |  |  |
| Funding Your       Saving of employment income       Real esta         Account       Investment in securities       Gifts   | te investment  |  |                                   |  |  |  |  |
| Intended use Short Term Investment Long Term Inves<br>of the Account Retirement Savings Education Saving  | tment Income Generation Savings<br>gs Estate Planning Other  |  |                                   |  |  |  |  |

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| F        | PLEASE PROVIDE DETAILS if you answer YES to   | the following que                     | estions                             |   |                                    |  |  |
|----------|---|---------------------------------------|-------------------------------------|---|------------------------------------|--|--|
|          | <ol> <li>Are you, or your spouse/common-law partner:         <ul> <li>An insider, director or senior officer (i.e. an officer or one of the fiv<br/>Or</li> </ul> </li> </ol>                                     | ve highest paid employees)            | of a publicly traded (exchange or o | ver-the-counter) compan                 | iy or affiliate of such a company? |  |  |
|          | 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 leg   | gislation?                            |                                     |   |                                    |  |  |
|          | $\square$ 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<br>or affiliate of such a company? |                                       |                                     |   |                                    |  |  |
|          | Yes   |                                       |                                     |   |                                    |  |  |
|          | No Company Name(s):<br>c. Individually, or as part of a group, a member with controlling in   | nterest in a publicly traded          | (exchange or over-the-counter) o    | ompany or affiliate of su               | uch a company?                     |  |  |
|          | Yes   | · · · · · · · · · · · · · · · · · · · | (,,,,,,,,,.                         | 1 |                                    |  |  |
|          | No Company Name(s):   |                                       |                                     |   |                                    |  |  |
|          | $\ensuremath{2}.$ Do you have, or exercise authority over, any brokerage accounts w   | ith other financial institutio        | ins?                                |   |                                    |  |  |
|          | ☐ Yes Financial institution(s):   |                                       |                                     |   |                                    |  |  |
|          | □ No Account Type:  |                                       | Account Type:                       |   |                                    |  |  |
|          | 3. Do you have, or exercise authority over, any accounts with BMO Inv   | vestorLine?                           |                                     |   |                                    |  |  |
|          | L Yes   |                                       |                                     |   |                                    |  |  |
|          | No Account #1:  |                                       | Account #2:                         |   |                                    |  |  |
|          | <ol> <li>Will any other person have authority over, or any financial interest<br/>Trading Agent or Power of Attorney" form.</li> </ol>  | t in, your account(s)? If ano         | ther person will have authority o   | ver your account(s), plea               | ase complete our "Authorized       |  |  |
|          | └─ Yes<br>└─ No Name:   |                                       |                                     |   |                                    |  |  |
|          | <ul> <li>↓ No Name:</li> <li>5. Will anyone other than yourself use or direct transactions in this ac</li> </ul>  | coupt2 This avaluates these           | authorized to aive instructions a   | haut the account is k                   | aiat Assault Haldas Tradias        |  |  |
|          | Agent, Power of Attorney and Trustee.   |                                       | 5                                   | yout the account, i.e., jo              | Sint Account Holder, Indding       |  |  |
|          |   |                                       |                                     |   |                                    |  |  |
|          | <ol> <li>Do you want to add a trusted contact person?</li> <li>If ever we think your account may be at risk for fraud, have conce</li> </ol>  | rec about your montal can             | acity or pand to confirm datails a  |   | representative we may              |  |  |
|          | get in touch with your TCP. They'll have the authority to confirm de  |                                       |                                     |   | representative, we may             |  |  |
|          | Yes If yes, please complete our "Trusted Contact Person" for  | m.                                    |                                     |   |                                    |  |  |
|          | No  |                                       |                                     |   |                                    |  |  |
| <u> </u> | FOR OPTIONS account applications  |                                       |                                     |   |                                    |  |  |
| G        | FOR OPTIONS account applications  |                                       |                                     |   |                                    |  |  |
|          | 1. Number of years trading in options:  |                                       |                                     |   |                                    |  |  |
|          | <ol> <li>How would you describe your options trading knowledge?</li> </ol>  | Expert                                | ☐ Knowledgeable                     | Limited                                 |                                    |  |  |
|          | 3. Experience with:   |                                       | Long Calls or Puts                  | Covered                                 | □ Naked                            |  |  |
|          |   | Spreads                               | 5                                   | _                                       | _                                  |  |  |
|          | 4. Please indicate what type of options trading you would like to do:   | Long Calls or Puts                    |                                     | Covered                                 | ☐ Spreads                          |  |  |
|          | I have received the Risk Disclosure Statement for Futures and Op<br>in options and that BMO InvestorLine Inc. is not registered to tra<br>I participate.  |                                       |                                     |   |                                    |  |  |

| Applicant's |  |
|-------------|--|
| Signature   |  |

Date YY/MM/DD

# H FOR YOUR investment account

BMO InvestorLine provides you with either a CAD or U.S. Dollar AccountLink<sup>®</sup> service<sup>1</sup>, which gives you the ability to use a BMO debit card to easily access the cash available in your BMO InvestorLine account.<sup>1</sup> This service allows you to combine your investment and banking activities all in one account. If you do not have an existing relationship with BMO Bank of Montreal, an AccountLink card will be mailed to you.

and connect the accounts as:

Primary Savings

If you have an existing relationship with BMO Bank of Montreal,<sup>2</sup> please provide us with the following information:

Card #

Applicant's Signature

Applicant's

Applicant's

Signature

I also wish to have the U.S. Dollar AccountLink service to be able to bank in U.S. funds.

<sup>1</sup>Refer to Section Four, Part F of your Client Agreements. <sup>2</sup>FirstBank Card<sup>®</sup> or BMO Bank of Montreal MasterCard. <sup>3</sup>If connected as an Other account, access is restricted to BMO Bank of Montreal Instabank machines. If Other, choose alpha reference or designate a number 1 through 9.

## SIGNATURE for all investment accounts

By requesting the opening of either a cash investment account, or an account granted margin facility, I/we certify that the information in this application is true and complete and I have received the Client Agreements (https://www.bmoinvestorline.com/selfDirected/pdfs/ClientAgreements\_SD\_E.pdf), Conflicts of Interest Statement (https://www. bmoinvestorline.com/General\_Info/ConflictsOfInterest.pdf), Relationship Disclosure document (https://www.bmoinvestorline.com/selfDirected/pdfs/RelationshipDisclosure.pdf), and Commission and Fee Schedule (https://www.bmoinvestorline.com/selfDirected/pdfs/SDFeeSchedule\_E.pdf). In addition to having reviewed these documents, I agree to the terms and conditions outlined in the Client Agreements, Conflicts of Interest Statement, Relationship Disclosure document and Commission and Fee Schedule. I/we concur that the AccountLink service is appropriate for my/our needs and financial circumstances. I/we consent to be enrolled in either the CAD Dollar AccountLink service.

For Quebec Clients Only: The client acknowledges receipt of the French version of this agreement. It is the express wish of the parties, who hereby accept, that this agreement and all related documents, notices and other communications be in English. Le client reconnaît avoir reçu la présente convention en français https://www.bmoinvestorline.com/ selfDirected/pdfs/PersonalAccountApplication\_FR.pdf. Les parties aux présentes ont expressément exigé, et acceptent, que la présente convention, tous les documents qui y sont afférents et tous les avis et autres communications entre les parties soient rédigés en langue anglaise.

**Certification:** I certify that the tax information given on this form is correct and complete. I will notify BMO InvestorLine Inc within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

# SIGNATURE for margin accounts only

| I/We hereby apply to be granted a margin facility with respect to the account(s) selected in this application as being a "Margin Account". I/We certify that: i) I am capable of |
|--|
| evaluating and bearing the financial risks inherent in borrowing on and use of margin to finance the buying of securities; and (ii) I/We understand and agree to the terms and   |
| conditions governing the use of Margin.  |

K SIGNATURE for self directed registered plan account I apply for a BMO InvestorLine self-directed retirement savings plan or a BMO InvestorLine self-directed retirement income fund (the "Plan"), to be governed by the declaration of trust set out in the Client Agreements and if applicable, I designate a beneficiary for my self-directed registered plan account, as indicated below. I request the trustee, BMO Trust Company, to apply to register the Plan as a registered retirement savings plan/registered retirement income fund under the Income Tax Act. I certify that the Information in this application is true and complete and I 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.

Signature YY/MM/DD
Do you wish to designate a beneficiary for your self-directed registered plan account? Yes No
If yes, please provide the following information.
For all provinces and territories except Queber, Lereby revoke any and all beneficiary designations made in respect of this Plan, and designate the person

For all provinces and territories, except Quebec, I hereby revoke any and all beneficiary designations made in respect of this Plan, and designate the person named below as beneficiary of the Plan's Assets upon my death. If there is more than one beneficiary, please complete the Beneficiary Designation and Successor Applicant form.

| Last Name                        |     | First Name |       |                  |
|----------------------------------|-----|------------|-------|------------------|
| Home Address<br>(number, street) |     |            |       | Suite<br>No.     |
| City or<br>Town                  | SIN |            | Prov. | Postal<br>Code   |
| Relationship<br>(if any)         |     |            |       | Date<br>YY/MM/DD |

If the plan is locked-in, a Locked-in Addendum must be completed and signed. Please contact BMO InvestorLine for this form. If this is a RIF, you must complete the enclosed "RRIF Payment Information and Election to Use Spouse's or Common-law Partner's Age" form. If the form is not completed, the minimum payment will be issued. **Caution:** Your designation of a beneficiary for this Plan will NOT be revoked or changed automatically as a result of any future marriage or common-law relationship or breakdown of marriage or common-law relationship. It is your responsibility to revoke or change the designation, if you wish.

**Power of Attorney:** A beneficiary designation made, changed or revoked by a person acting under a power of attorney is not valid under applicable provincial law. **For Quebec:** Where the law of Quebec applies, a beneficiary designation made on this form will not be valid. You may designate a beneficiary in a will or other written document that meets the requirements of a testamentary disposition under the law of Quebec.

Note: If your designated beneficiary is a Minor, you are required to appoint a Trustee, who will administer this Plan's Assets upon your death, until the designated beneficiary reaches the Age of Majority.

#### ACKNOWLEDGED BY BMO INVESTORLINE AS AGENT FOR BMO TRUST COMPANY.

BMO InvestorLine Agent Signature Date YY/MM/DD

Date YY/MM/DD

Primary Chequing

🗌 Other 3

Date YY/MM/DD

Date

#### NATIONAL INSTRUMENT 54-101 – SHAREHOLDER COMMUNICATION **INFORMATION**

We are required under Canadian securities laws to obtain your instructions concerning the various matters below relating to your holding of securities in your account. Please read the National Instrument 54-101, Communication with Beneficial Owners of Securities of a Reporting Issuer, in Section Four, Part C of the Client Agreements.

#### Part 1 – Disclosure of Beneficial Ownership Information

For purposes of Canadian securities laws, you may disclose my name, address, email, securities holdings and preferred language of communication (English or French) to issuers of securities I hold with you and to other persons or companies in accordance with Canadian securities laws.

#### 🗌 Yes

Note: if you answer "No", you will be responsible for any costs associated with providing shareholder materials to you.

#### Part 2 – Receiving Securityholder Materials

For the purposes of Canadian securities laws, please m ark the corresponding box to show what materials you want to receive. Securityholder materials sent to beneficial owners of securities consist of the following materials: a) proxy-related materials for annual and special meetings; b) annual reports and financial statements that are not part of proxy-related materials; and c) materials sent to securityholders that are not required by corporate or securities law to be sent.

I WANT to receive ALL securityholder materials sent to beneficial owners of securities

- I DECLINE to receive ALL securityholder materials sent to beneficial owners of securities. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense)
- I WANT to receive ONLY proxy-related materials that are sent in connection with a special meeting.

Important Note: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this application form will not apply to annual reports or financial statements of an investments fund that are not part of proxy-related materials. An investment fund is entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements.

#### Part 3 – Preferred Language of Communication

I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

### Part 4 – Consent to Electronic Delivery

Canadian securities law permits us to deliver some documents by electronic means if we obtain your consent 

I CONSENT to receiving documents by electronic means and have provided my email in section A of the application.

□ I DO NOT CONSENT to receiving documents by electronic means.

On behalf of the beneficial owner(s) of the account(s) opened from this application, I have read and understand the explanation that you have provided me in connection with the National Instrument 54-101, Communication with Beneficial Owners of Securities of a Reporting Issuer. The choices I have indicated above apply to all of the securities held in the account(s).

A monthly \$2.00 fee per account, plus applicable taxes, will apply for mail delivery of paper statements.

Applicant's Signature

Date YY/MM/DD

#### **ORDER EXECUTION ONLY ACCOUNT ACKNOWLEDGEMENT**

I acknowledge that BMO InvestorLine Inc. does not give personal or client specific or tailored investment advice or recommendations to me and does not accept any responsibility to advise me on the suitability of any of my investment decisions or transactions, including, in particular, BMO InvestorLine Inc. has no responsibility to consider my current financial situation, investment knowledge, investment objectives and time horizon, risk profile, investment portfolio composition and risk level, nor other similar factors. I acknowledge that I am responsible for any investment decisions as well as for any profits or losses that may result. In addition, I acknowledge that BMO InvestorLine Inc. will not be responsible for making a determination that the products and account types offered by BMO InvestorLine inc. are appropriate for me. I further acknowledge that it is my obligation to comply with the requirements of the requirements of securities exchanges respecting entry and trading of orders and that BMO InvestorLine Inc. reserves the right to reject, change or remove any order which I may enter or to cancel any trade resulting from an order which I entered which is not in compliance with the requirements of the securities exchanges I acknowledge that BMO InvestorLine Inc. does not give personal or client specific or tailored investment advice or recommendations to me and does not accept any responsibility to advise me on the suitability of any of my investment decisions or transactions. I acknowledge that I am responsible for any investment decisions as well as for any profits or losses that may result. I further acknowledge that it is my obligation to comply with the requirements of the Toronto Stock Exchange respecting entry and trading of orders and that BMO InvestorLine Inc. reserves the right to reject,

change or remove any order which I may enter or to cancel any trade resulting from an order which I entered which is not in compliance with the requirements of the Toronto Stock Exchange.

| App | licant's |  |
|-----|----------|--|
|     | ature    |  |

Date

YY/MM/DD

#### **CARRYING BROKER INFORMATION**

I acknowledge that I have been advised that BMO InvestorLine Inc. is an Introducing Broker and BMO Nesbitt Burns Inc. is a Carrying Broker for my account. BMO InvestorLine Inc. is responsible for all compliance requirements for my account. For accounting and regulatory purposes, I am considered a client of BMO Nesbitt Burns Inc. BMO Nesbitt Burns Inc. is responsible for trade execution and settlement, custody of securities and the preparation of confirmations and account statements. Client cash balances in non-registered accounts are held by BMO Bank of Montreal, and client cash balances in registered accounts are held by BMO Trust Company.

#### **PRIVACY DISCLOSURE AND CONSENT - YOUR PERSONAL INFORMATION**

To learn more about how we collect, use, disclose and safeguard your Personal Information, your choices, and the rights you have, please see our Privacy Code (available at <u>bmo.com/privacy</u>, or from any of our branches).

#### What is Personal Information?

Your Personal Information is information about you that you provided to us or information we collected from other sources such as credit reporting agencies, and includes your name, address, age, financial data, Social Insurance Number, employment information, and other information that could be used to identify you.

#### Why do we need your Personal Information?

We collect and use your Personal Information to:

- Verify your identity;
- Ensure we have accurate information about you;
- · Understand your financial needs (including your eligibility for products and services you requested or accepted or were pre-approved for)
- To manage our relationship;
- · Protect against fraud and manage other risks;
- Communicate with you regarding products and services that may be of interest; Understand our customers, including through analytics, and to develop and tailor our
- products and services;
- Comply with legal or regulatory requirements, or as permitted by law; and · Respond to questions you may have.

We will also use your Personal Information to make decisions in real time by using tools to automate the processing of your Personal Information, for example, whether to approve or decline a trade. These decisions can affect the products, prices, services or features we may offer you and are also used to protect you from fraud.

#### If we use your Personal Information for a different purpose, we will identify that purpose. Sharing your Personal Information

BMO Financial Group consists of Bank of Montreal and its affiliates. Your Personal Information, including information about your authorized representatives and beneficiaries, is shared within BMO Financial Group, to the extent permitted by law, to:

- Ensure we have accurate information about you, and your authorized representatives and beneficiaries;
- Manage our total relationship:
- Provide a better customer experience;
- Meet your needs as they change and grow; and
- · Manage our business.

#### **Your Choices**

With your optional consent, BMO InvestorLine will also share account-specifc information within BMO Financial Group for the purposes described above. This choice only applies to BMO InvestorLine and will apply to all of your BMO InvestorLine accounts unless you later opt out. You can opt out of sharing account-specifc information by other BMO Financial Group entities. See our Privacy Code for a list of BMO Financial Group entities and for more information on how to opt-out.

#### Please check one option:

I DO NOT consent L consent

to BMO InvestorLine sharing information in relation to my account(s) within BMO Financial Group. I understand that I cannot opt out of sharing Personal Information between two or more BMO Financial Group affiliates that provide me with a jointly offered product or service.

#### **BMO Financial Group direct marketing preferences**

Direct Marketing is our communication with you such as mail, telemarketing or email using the contact information you have provided, to inform you about products and services that we think may be of interest and value to you. Your consent is not required for us to communicate with you regarding products or services that you currently have, including improved ways to use the products, or additional features of the products as well as transactional information.

## Please check one option:

I consent I DO NOT consent

to receive direct marketing materials from BMO InvestorLine or other members of BMO Financial Group.

## SIGNATURE FOR ALL ACCOUNTS (continued)

I acknowledge that BMO InvestorLine may pay to, or receive from, certain other members of BMO Financial Group a referral fee and that a schedule of these fees and related terms is available upon request and is also included in the Client Agreement. If you consent to sharing of information, we (or if BMO InvestorLine is not the Referring Entity) may disclose information about you to the Receiving Entity in order to make the referral and allow for the ongoing administration of the referral. The word "information" means financial and financially-related information about you, including information to identify you for products and services or information needed for regulatory requirements.

Applicant's Signature

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Date

YY/MM/DD

#### SHARED PREMISES DISCLOSURE

I/we acknowledge that, for my/our securities transactions, I/we am/will be dealing with BMO InvestorLine Inc., a Member of the Canadian Investment Regulatory Organization (CIRO) and Member of the Canadian Investor Protection Fund (CIPF).

BMO InvestorLine Inc. may share office space with the following separate but affiliated entities:

- Bank of Montreal offering banking and financial services.
- BMO Investments Inc., a subsidiary of Bank of Montreal Holding Inc., offering mutual fund products by registered mutual fund representatives, and in Quebec, by registered financial planners.
- BMO Nesbitt Burns Inc., a wholly owned subsidiary of BMO Bank of Montreal
  offering full service advisory services.
- Nesbitt Burns Securities Limited, a wholly owned subsidiary of BMO Nesbitt Burns Inc., offering services to US residents as a US registered Broker-Dealer and Investment Adviser.
- BMO Estate Insurance Advisory Services Inc., a wholly owned subsidiary of BMO Nesbitt Burns offering insurance products by licensed life insurance agents, and in Quebec, by financial security advisors.
- BMO Private Investment Counsel Inc., a wholly owned subsidiary of BMO Nesbitt Burns Inc., offering trading and advising in securities and derivatives by registered individuals.
- BMO Trust Company, a wholly owned subsidiary of Bank of Montreal, offering estate, trust, planning and custodial services.

 $\ensuremath{\mathsf{I}}\xspace$  we acknowledge that  $\ensuremath{\mathsf{I}}\xspace$  we read and understood the disclosure, and that  $\ensuremath{\mathsf{I}}\xspace$  understand that these are shared premises.

Applicant's Signature

Date YY/MM/DD

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#### PERSONAL AND CREDIT INFORMATION AUTHORIZATION

I/We authorize BMO InvestorLine to obtain personal and credit information from a credit reporting company and within BMO Financial Group to verify my identity and prevent theft or fraud.

Applicant's Signature

Date YY/MM/DD

Please provide a verified photocopy of 1 piece of Federal, Provincial or Territorial government issued photo ID. If opening an ITF account please provide a photocopy of the minor beneficiary's birth certificate.