

## Welcome to BMO InvestorLine

BMO INVESTORLINE Corporate, Trust, Estate and Non-Personal Account Application

Α	FOR QUICKER AND MORE EFFICIENT SERVICE, please complete all relevant sections							
	f you are applying for:							
	☐ A new account							
	Account Number:							
	Preferred Language:   English French							
	Preferred Language: ☐ English ☐ French  Application Type: ☐ Partnership ☐ Corporation ☐ Investment Club ☐ Estate ☐ Trust ☐ Charitable Organization ☐ Not for Profit Org.							
	Account Type Request: Cash Margin Margin with Options Margin with Short Selling (All investment accounts operate in both U.S. and Canadian Dollars.)							
	Account Characteristic(s): Pro* BMO Staff  *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 you to be the Authorized Trading Officer for this account.							
В	A FEW DETAILS about the entity							
	Legal (registered) name of Business or Organization							
	Registered Trade Name							
	(if different from above)							
	Industry							
	Legal Address (jurisdiction							
	City or							
	Contact's   Last							
	Send Mail to							
	Postal Business Phone Date of Incorporation/Registration (Not required for Estate or Trust)							
	Place of Incorporation/Registration							
	(Not Required for Estate or Trust) City Prov. Prov. Residency for Tax purposes (Check all that apply)							
	☐ Canada (You must be a resident of Canada to open a Business/Trust/CRA Registration Number							
	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)  Tax Identification Number							
	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)							
,	Please include a photocopy of the Corporate Profile for your business or organization.							
C	3 ( 11 1 /							
	Beneficial Ownership information IS NOT being provided for this entity (or affiliate) because it is:  A publicly traded company, or a publicly traded trust							
	Security Symbol: Exchange:							
	☐ A Bank, Caisse Populaire, Credit Union, Insurance company, Investment Manager, Trustor Loan company, Mutual Fund, Mutual Fund Management company, Pension Fund, Securities Dealer or Broker, or similar financial entity subject to a satisfactory regime.							
	Regulator Name:							
	☐ An Estate ☐ A Government-owned corporation, such as a Canadian government body (provincial, federal department or crown agency, incorporated municipal body) or a Canadian Public							
	Hospital, or a subsidiary thereof where the financial statements are consolidated.							
	☐ A not-for-profit organization, church or union  Beneficial Ownership information is being provided for this entity (or affiliate) because it is:							
	The client is a Trust and the information is being provided in respect to the Settlor or Creator of the Trust AND any beneficiaries (regardless of their % of interest in the trust).							
	Please indicate the number of individuals who are a settlor, creator or beneficiary of the trust:							
	An entity other than those listed above.  Please indicate the number of individuals who own, or exercise direct or indirect control over, more than 10% of the entity:							
	Please indicate the number of individuals who own, or exercise direct of indirect control over, more than 10% of the entity:							

D	ENTITY operations						
	Does the entity (including parent company or subsidiaries, have, or intend to have, operations, or conduct business, outside of Canada or the U.S.?	□ Y	es [	JNo			
	If yes, please list all countries:						
	ii yes, piedse iist dii coditties.						
Rusiness Operations include but are not limited to: any physical presence in a foreign country as evidence by baying a product or corples facility an effice.							
•	<b>Business Operations</b> include, but are not limited to: any physical presence in a foreign country as evidence by having a product or service facility, an office, a sales force, etc.; an account or conduct of business with a foreign financial institution; dealings with a foreign government body or official.	torciro	,,,, 0				
E	ENTITY activity						
	What is your Primary Business Activity of the business or organization listed above?						
	The Primary Business Activities – Please list and provide a brief description:						
				—			
	Does the business or organization listed above (or affiliate) conduct any of the following activities?  Operate as a:						
	Registered Charity Please provide your CRA Charity Registration Number						
	Not for Profit Organization Does your organization solicit financial donations from the public?	☐ Y	es [	□No			
	Operate a Money Service Business?	☐ Yes [					
	If yes, do you have an existing account with the BMO Financial Group?	☐ Yes ☐ N					
	If yes, please provide your account number:						
	Operate a Cheque Cashing / Payday Lending Business?			□No			
	Operate, lease or maintain a White Label Banking Machine?			□No			
	Buy or sell or deal in Precious metals, gems or fine jewellery (domestically or internationally)?	_	_	□ No □ No			
	Operate a Casino, Bingo, or Gambling/Gaming service (including Internet gambling)?  Operate an Internet Gambling business?						
	Sell used cars, boats or airplanes?		_				
	Operate as an Arms Manufacturer, Dealer or Intermediary?	_	_	] No			
	Operate as an exchange/exchanger of bitcoin or other crypto/virtual currencies?	□ Y	es [	□No			
	Operate as a Medical Marijuana licensed producer?	□ Y	es [	□No			
	Operate a <b>Telemarketing / Direct Marketing</b> business (sell goods/services via telephone or the Internet)?		es [	□No			
	Operate a Pawn broker service?			□No			
	Operate an account for a Foreign Government?  Name of country:	∐ Y	es L	□No			
	Operate an account for any of the following formed outside of Canada or U.S.:  Trust, Private Investment Company, or Personal Holding Company?	ПΥ	es [	□No			
	Name of country:	□ Y	г	٦			
Operate a Correspondent Bank? Operate a Shell Bank?							
	Do you have the intention to issue or have you previously issued <b>physical Bearer Shares certificates</b> ?	_	es [	□ No □ No			
F	ENTITY Status Self-Certification						
÷		d Financ	ial Ac	count			
	1. Is the entity a specified U.S. Entity (organized or incorporated in the U.S.)?  No.  Please note: For more information on the Canada Revenue Agency (CRA) Enhanced Information Reporting, the U.S. Foreign Account Tax Compliance Act (FATCA) and the Reporting Standard (CRS) please refer to the CRA website or consult your legal or to	e Comm ax advis	ion ior.				
	☐ Yes. If yes, please provide the U.S. Taxpayer Identification Number (TIN)						
	2. Is the entity a Financial Institution (FI)?						
	<ul> <li>No. If no, please select the option that best describes the non-financial entity:</li></ul>		ne) o	ſ			
	☐ Yes. If yes, please complete both section A and B below.						
	A. Select the option that best describes the financial Institution (FI):	1					
	☐ Reporting Canadian FI or Partner Jurisdiction FI Global Intermediary Identification Number (GIIN):	+		П			
	☐ Participating Foreign FI Global Intermediary Identification Number (GIIN):	+		П			
	☐ Registered Deemed Compliant FI Global Intermediary Identification Number (GIIN): ☐ ☐ Non-Reporting Canadian or Partner Jurisdiction FI☐ Certified Deemed Compliant FI☐ Non-Participating FI☐ Non-Participating FI		1				
,	B. Does the financial institution (FI) meet all of the following criteria?  1. It is a resident of a non-participating jurisdiction (for a list of participating jurisdiction visit www.cra.gc.ca)  2. At least 50% of its gross income is from investing or trading in financial assets.  3. It is managed another financial institution.		No C	Yes			

G FINANCIAL information of the business or organization									
Please round to the nearest dollar.	Please provide your BMO Banking Information (if applicable).								
Annual revenue from all sources	BMO Transit BMO Account Number Number								
Net Liquid Assets (A) (Cash & Securities less loans outstanding against securities)	BMO Bank Address								
Net fixed Assets (B) (Fixed assets less liabilities outstanding against fixed assets)	Address Continued								
Estimated Net Worth (C) , , , , , , , , , , , , , , , , , , ,									
Funding Your ☐ Business income or revenue ☐ Working capital Account ☐ Investment in securities ☐ Royalties	Real estate investments								
Intended use     ☐ Short Term Investment     ☐ Long Term Investmen       of the Account     ☐ Savings     ☐ Other									
Do you have a Platinum Banking account with BMO Harris Private Ba ☐ Yes ☐ No	anking"								
BMO Harris Platinum Bank Transit & Account number same as above	Transit								
H WITH your security in mind									
Please create a temporary password, which must be 6 letters and/or nu change this temporary password.	mbers. When you sign in to your account the first time through our automated systems, you will be asked to								
Password for your Account:									
TELL US ABOUT the authorized trading officer									
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. If there is an additional Authorized Trading Officer, please complete the "Additional Authorized Trading Officer" form.  There is a maximum of two Authorized Officers per account. Please contact BMO InvestorLine or visit our website for additional forms.									
Preferred Language: ☐ English ☐ French Citizenship ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Country of Residence								
Account Characteristic(s): ☐ Pro ☐ BMO Staff You are completing ☐ Authorized Trading Officer									
	(own greater than 10% interest, directly or indirectly in the account)								
Please enter your name exactly as it appears on your government-issue Primary	ed photo ID.								
Residence Address (No., street, P.O. Box address is not allowed)	No.   No.								
City or Town	Prov. Prov. Code								
Primary Phone (area code, no.)	Secondary Phone (area code, no.)								
Fax Other Daytime	Email								
Mailing Address if different from above	Suite No.								
City or Town	Prov. Code Code								
Marital No. of Status Dependants	Date of Birth   Y   Y   M   M   D   D     SIN								
· ·	Part-time (Less than 30 hours per week)								
Occupation									
Employer Name	Employer's								
Employer's Address									
City or Town Prov	v. Postal Industry Industry								
FINANCIAL information									
Please provide your personal BMO Banking Information (if applicable)									
BMO Transit Number	BMO Account Number								
BMO Bank Address									
Address Continued									

FOR OPTIONS account applications	
1. Number of years trading in options: Label Limit 2. How would you describe your options trading knowledge? Expert Knowledgeable Limit 3. Experience with: None Long Calls or Puts Cover 4. Please indicate what type of options trading you would like to do: Long Calls or Puts	red Naked Spreads red Spreads
I have received the Risk Disclosure Statement for Futures and Options (Section Four, Part G of the Client Agreement). I understand the sand that BMO InvestorLine Inc. is not registered to trade in futures. I declare that I have adequate financial resources to sustain any such Authorized Trading Officer's  Signature	
L PROTECTION of your privacy	
You agree that, at the time you begin a relationship with us and during the course of our relationship, we may collect, use and disclose but not limited to, the requirement to: identify you, provide ongoing service, understand your financial needs, protect us both from fregulatory requirements, and market products and services to you.	
Authorized Trading Officer's Signature	Date YY/MM/DD Y Y M M D D
M SIGNATURE for all investment accounts	
By requesting the opening of a either a cash investment account, or an account granted margin facility, I/we certify that the informat and I have received and agree to the terms and conditions as outlined in the Customer Agreement (https://www.bmoinvestorline.cor In addition, I/we certify that I/we have disclosed all residencies for tax purposes. I/We also agree to advise you immediately in writing Authorized Trading Officer's	m/ApplyNow/forms/Cust_Agr.pdf) booklet. ing of any material change in information.
Signature	YY/MM/DD Y Y M M D D
N 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 Accou evaluating and bearing the financial risks inherent in borrowing on and use of margin to finance the buying of securities; and (ii) I/W conditions governing the use of Margin.	int". I/We certify that: i) I am capable of e understand and agree to the terms and
Authorized Trading Officer's  Signature	Date YY/MM/DD
O PLEASE PROVIDE DETAILS if you answer YES to the following questions	
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-country individually, or as part of a group, own more than 10% of the voting rights attached to all voting securities?    Yes	d (exchange or over-the-counter) company or affiliate of such a company?
P 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 Name Employer Name Industry Dob Description Employer's Address Phone Number	

Q	ACCOUNTLINK service						
	This service cannot be used as a commercial bank account.  By opening an investment account, you will automatically receive benefits from our AccountLink® service.¹ This service allows you to combine your investment and banking activities all in one account. A starter cheque kit will be mailed to you once the account is opened. If you do not have an existing relationship with BMO Bank of Montreal, an AccountLink card will be mailed to you.  If you have an existing relationship with BMO Bank of Montreal,² please provide us with the following information:						
		and connect the account as: □ Primary <b>Chequinq</b> □ Primary <b>Savings</b> □ <b>Other</b> ³					
	I also wish to have the U.S. Dollar AccountLink service to be able to bank in U.S. funds ¹Refer to Section Three, Part F of your Client Agreements. ²FirstBank Card® or BMO Bank Bank of Montreal Instabank machines. If Other, choose alpha reference or designate a ni	5.					
R	SIGNATURES FOR ALL ACCOUNTS						
	NATIONAL INSTRUMENT 54-101 – SHAREHOLDER COMMUNICATION	YOUR PERSONAL INFORMATION					
	INFORMATION  We are required under securities law 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	BMO Financial Group is committed to respecting and protecting the privacy and confidentiality of your Personal Information and wants to help you understand how we collect, use and share it. Please see our Privacy Code (available at bmo.com/privacy) for details.					
	Reporting Issuer, in Section Four, Part C of the Client Agreements.	What is Personal Information?					
	Part 1 – Disclosure of Beneficial Ownership Information 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 securities law.	Your Personal Information includes information you provided to us or information we collected from other sources about you, such as your name, address, age, financial data, Social Insurance Number, or employment records, and other information that could be used to identify you.					
	□ Yes □ No	Why do we need your Personal Information?					
	<b>Note:</b> if you answer "No", you will be responsible for any costs associated with providing shareholder materials to you.	We collect your Personal Information to:					
	Part 2 – Receiving Securityholder Materials  Please mark 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.	<ul> <li>verify your identity;</li> <li>ensure we have accurate information about you;</li> <li>understand your financial needs (including your eligibility for products and services you requested or accepted) and to manage our relationship;</li> <li>protect against fraud and manage other risks;</li> <li>communicate with you regarding products and services that may be of interest;</li> </ul>					
	$\square$ I WANT to receive ALL securityholder materials sent to beneficial owners of securities.	understand our customers, including through analytics, and to develop and tailor     and resolutions.					
	□ 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).	<ul> <li>our products and services;</li> <li>comply with legal or regulatory requirements, or as permitted by law; and</li> <li>respond to questions you may have.</li> </ul>					
	☐ I WANT to receive ONLY proxy-related materials that are sent in connection with a special meeting.	If we use your Personal Information for a different purpose, we will identify that purpose.					
	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.	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					
	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.	representatives and beneficiaries, <ul><li>manage our total relationship,</li></ul>					
		provide a better customer experience,					
	Part 4 – Consent to Electronic Delivery 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	Please see our Privacy Code for details.					
	section A of the application.	Your Choices With your optional consent, BMO InvestorLine will also share account-specific					
	LITOO 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).	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-specific 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:					
	A monthly \$2.00 fee per account, plus applicable taxes, will apply for mail delivery of	☐ I consent ☐ I DO NOT consent					
	paper statements.  Authorized Trading Officer's Signature	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					
	Date YY/MM/DD Y Y M M D D  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	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.					
	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	Please check one option:					
	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	☐ I consent ☐ I DO NOT consent					
	the right to reject, change or remove any order which it may enter or to cancel any trade	to receive direct marketing materials from BMO InvestorLine or other members of BMO Financial Group.					
	of the Toronto Stock Exchange.	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					
	Authorized Trading Officer's Signature	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,					
	Date YY/MM/DD	word "information" means financial and financially-related information about you,					

SIGNATURES FOR ALL ACCOUNTS (continued)					
including information to identify you for products and services or information needed for regulatory requirements.	<ul> <li>The income to which the form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is no subject to tax under an income tax treaty, or (c) the partner's share of a partnership's</li> </ul>				
Authorized Trading Officer's Signature	effectively connected income.  Furthermore, I authorize this form to be provided to any withholding agent that has				
Date YY/MM/DD Y Y M M D D	Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity identified in this form is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity identified in this form is the beneficial owner.				
CARRYING BROKER INFORMATION	I agree that I will submit a new form within 30 days if any certification on this form is incorrect.				
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	Authorized Trading Officer's Signature				
purposes, I am considered a client of 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	Date YY/MM/DD Y Y M M D D				
are held by BMO Bank of Montreal, and client cash balances in registered accounts are held by BMO Trust Company.	SHARED PREMISES DISCLOSURE				
BMO SELF CERTIFICATION – W8 TREATY I certify that:	I/we acknowledge that, for my/our securities transactions, I/we am/will be dealing with BMO InvestorLine Inc., a Member of the Investment Industry Regulatory Organization of Canada (IIROC) and Member of the Canadian Investor Protection Fun (CIPF).				
A. The Entity, a resident of Canada, meets all provisions of the Canada-U.S. Tax  Convention that are necessary to claim a reduced rate of withholding, including any limitation on benefits provisions, and derives the income within the meaning of	BMO InvestorLine Inc. may share office space with the following separate but affiliated entities:				
section 894 of the Internal Revenue Service Income Tax Code, and the regulations thereunder, as the beneficial owner.	<ul> <li>Bank of Montreal offering banking and financial services.</li> </ul>				
Either B or C will apply to you. Please select one or the other:  B. The "Entity" meets the requirements of the limitation on benefits provisions in	<ul> <li>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.</li> </ul>				
the Canada-U.S. Tax Convention on the basis that one of the following categories applies (please check only one box below, not applicable to Investment Clubs and Partnerships):	<ul> <li>BMO Nesbitt Burns Inc., a wholly owned subsidiary of BMO Bank of Montreal offering full service advisory services.</li> </ul>				
<ul> <li>□ Company or trust (including small private companies and holding companies) that meet the ownership and base erosion test</li> <li>□ Estate resident in Canada</li> </ul>	<ul> <li>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.</li> </ul>				
☐ Government	BMO Estate Insurance Advisory Services Inc., a wholly owned subsidiary of BMO				
☐ Tax exempt pension trust or pension fund	Nesbitt Burns offering insurance products by licensed life insurance agents, and in Quebec, by financial security advisors.				
<ul> <li>□ Other tax exempt organization</li> <li>□ Publicly traded corporation</li> </ul>	<ul> <li>BMO Private Investment Counsel Inc., a wholly owned subsidiary of BMO Nesbitt Burns Inc., offering trading and advising in securities and derivatives by registered</li> </ul>				
☐ Subsidiary of a publicly traded corporation	Burns Inc., offering trading and advising in securities and derivatives by registered individuals.				
☐ Company that meets the derivative benefits test ☐ Company with an item of income that meets active trade or business test	<ul> <li>BMO Trust Company, a wholly owned subsidiary of Bank of Montreal, offering estate, trust, planning and custodial services.</li> </ul>				
<ul> <li>□ Favorable discretionary determination by the U.S. competent authority received</li> <li>□ Other (please specify Article and paragraph):</li> </ul>	I/we acknowledge that I/we have read and understood the disclosure, and that I/we understand that these are shared premises.				
C. The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status.	Authorized Trading				
Special rates and conditions:	Officer's Signature				
The beneficial owner is claiming the provisions of Article and paragraph of the treaty identified in item A above to claim a % rate of withholding on (specify type of income):	Date YY/MM/DD Y Y M M D D				
Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding:	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.				
Certification					
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.	Authorized Trading Officer's Signature  Date				

- I further certify under penalties of perjury that:
  The entity identified on this form is the beneficial owner of all the income to which this form relates;
  The entity identified in this form is not a U.S. person; and

Authorized Trading Officer's Signature				
Date YY/MM/DD	Y M	M D	D	

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

S	OFFICE USE ONLY				
	Account Number (CDN):				
	Approved by	Date	Y	M E	D
	Type: ☐ Cash ☐ Margin ☐ Short Options: ☐ Purchases ☐ Covered ☐ Spreads ☐ None				
	Comments:				
	BRANCH INFORMATION				
	I have verified all and a photocopy of a valid photo ID.				
	Name of Branch Representative (please print)  Phone (include area code no., ext.)				
	BRANCH REFERRAL				
	FSM Name (please print)   FSM   FSM   FIN #	Transit Number			
	NBIA: Harris Private IFS: IFS:				