

A

MY AUTHORIZATION

This is my/our authorization to transfer my/our account with you to my/our BMO InvestorLine account:

Name of Institution From Which Account is Being Transferred		
Address (number, street)		Suite Number
City or Town	Province	Postal Code

To transfer my/our account:

Cash Margin Option Short Margin

Account Number:

With you to my/our BMO InvestorLine account:

Cash Margin Option Short Margin

Account Number:

In the manner indicated below:

- Entire account in cash (all investments must be liquidated by the account holder(s) and converted into cash prior to transferring).
- Entire account in kind* (all investments are to be transferred in their existing form).
Note: For those plans holding mutual funds and GICs please be very specific, as certain restrictions may apply to the transfer of some mutual funds and GICs. Please contact BMO InvestorLine for more details. Please cancel all open orders which are on your books for the above account and any pre-authorized plan.

Or for partial transfers:

<input type="checkbox"/> Securities, please specify: <table border="1"> <thead> <tr> <th>Quantity</th> <th>Security</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>		Quantity	Security	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Monies listed: CA: Cash \$ _____ Debit \$ _____ US: Cash \$ _____ Debit \$ _____
Quantity	Security											
_____	_____											
_____	_____											
_____	_____											
_____	_____											

* For in kind transfers – please register under our Transfer Agent, BMO Nesbitt Burns, Dealer 9185, rep # _____ FINS T009 / DTC 5043, CUID NTDT.

B

INFORMATION ABOUT the business or organization

Legal (registered) Name of Business or Organization			
Type of Business			
Legal Address (jurisdiction where registered)		Suite Number	
City or Town	Province	Postal Code	
Contact's Title	Last Name	First Name	Init.
Contact's Position at the company		Business Phone (area code, ext.)	

C

I/We acknowledge that transfers can take **several weeks** to complete, depending on the actions of the other Institution. Interest will commence, in accordance with the terms of the investment chosen, upon receipt of the transfer from the other Institution.

SIGNATURES

Signature of Authorized Trading Officer (1) _____	Date (day, month, year) _____
Signature of Authorized Trading Officer (2) _____	Date (day, month, year) _____
Effective Date of Postdated Request Date (day, month, year) _____	

D

Please include the most recent statement of the account you wish to transfer and send it to:

RETURN THIS FORM

Attn: BMO InvestorLine
 Transit #3973
 First Canadian Place
 100 King St. W., Floor B1
 Toronto, Ontario, M5X 1H3

FOR OFFICE USE ONLY
Special Instructions:

Transfer to: _____
 M009 T009 V012