

**Welcome to BMO InvestorLine** **BMO INVESTORLINE PERSONAL ACCOUNT APPLICATION**

**A FOR QUICKER AND MORE EFFICIENT SERVICE** (please complete all relevant sections)

Please note it will take us longer to process your paper requests. For a quicker turnaround, we recommend completing online forms. You can access online account applications at [bmo.com/self-directed](http://bmo.com/self-directed)

**If you are applying for:** ..... **Please complete:**

- An investment account ..... All sections except K
- A self-directed registered plan account ..... All sections except H, I and J
- An investment account and a self-directed registered plan account ..... All sections
- Updating my existing account(s) ..... Only the relevant sections

Account Number(s): 1         2

**Preferred Language:**  English  French  
**Account Characteristic(s):**  Pro\*  BMO Staff  Individual  Joint  Sole Proprietorship

\*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 the opening of the account(s).

**If opening a joint account, please complete the "Co-applicant Account Information" form.**

**Choose an investment account:**  Cash  Margin  Margin with Options  Margin with Short Selling

All investment accounts operate in both U.S. and Canadian Dollars.

**Choose a self-directed account:**  RSP\*  RIF  LIRA/LRSP\*  LRIF  RLSP  LIF  RLIF  with options

\*You can apply for both a RSP and LIRA

Are you transferring a self-directed registered plan account(s)?

Yes - Please complete our "Authorization to Transfer Account" form  No - Indicate initial contribution \$ \_\_\_\_\_

Is your Self-Directed Plan locked-in?  Federal  Provincial - Regulated under the Province of \_\_\_\_\_

If yes, please include a completed and signed Locked-in Addendum. Please contact BMO InvestorLine for this form.

Would you like a mutual fund Automatic Investment Plan application?  Yes  No

**B TELL US ABOUT YOURSELF** (If this is a joint investment account, you are the primary contact; if this is a self-directed registered plan account, you are the Planholder and this account cannot be opened as a joint account)

Citizenship           Country of Residence

**U.S. persons will need to complete a W-9 form. Please contact BMO InvestorLine or visit our web site for this form.**

Title     Last Name       First Name

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

If opening an "informal trust" investment account, please name the beneficiary(ies): (Last, First Name)

For an informal trust account please include a completed and signed Informal Trust Supplementary Form. Please contact BMO InvestorLine For this form or download from our website

Home Address (number, street)                      Suite No.

City or Town                      Prov.     Postal Code

Primary Phone (area code, no.)                      Secondary Phone (area code, no.)                      Ext.

Fax No.                      Other Daytime Phone                      Email

Mailing Address if different from above                      Suite No.

City or Town                      Prov.     Postal Code     Marital Status

**Residency for Tax purposes** (Check all that apply)

- Canada (You must be a resident of Canada to open a BMO InvestorLine 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)
- Other (please specify) Tax Identification Number \_\_\_\_\_ (please provide a reason if Tax Identification Number is missing)

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) \_\_\_\_\_

No. of Dependents         Date of Birth (YY/MM/DD)

**B TELL US ABOUT YOURSELF** (If this is a joint investment account, you are the primary contact; if this is a self-directed registered plan account, you are the Planholder and this account cannot be opened as a joint account) (continued)

Employment Status  Full-time (30 hours or more per week)  Part-time (Less than 30 hours per week)  Self employed  Unemployed  
 Retired (Please provide your last: occupation, employer's name, industry, city and prov.)  Casual/Contract  Seasonal

Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_ Industry \_\_\_\_\_

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

City or Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Are you, or any member of your immediate family, currently fulfilling, or have fulfilled, a Politically Exposed Person (PEP) position? Examples of PEP roles (list is not exhaustive): Government official, a high-ranked military officer, employed by an Embassy, the head of a government agency, president of a state-owned company or bank, a judge or a leader of a political party?

No  Yes (if yes, please complete the following information below)

Domestic  Foreign / International Organization Position / Title \_\_\_\_\_

**C SPOUSE or common-law partner information**

Please omit this section if the Applicant's spouse or common-law partner is the Co-applicant.

Title \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Industry \_\_\_\_\_

If you are opening an RSP account and your spouse or common-law partner will be contributing to it, 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 your Account:

**E FINANCIAL information**

Please round to the nearest dollar.

Annual Income from all sources \_\_\_\_\_

Net Liquid Assets (A) (Cash & Securities less loans outstanding against securities) \_\_\_\_\_

Net fixed Assets (B) (Fixed assets less liabilities outstanding against fixed assets) \_\_\_\_\_

Estimated Net Worth (C) (C=A+B) \_\_\_\_\_

Source of Annual Income  Employment income  Student loans/bursaries or RESP  Unemployment benefits  Social assistance  Alimony (spousal support)  
 Retirement income  Inheritance  Real estate investment  Investment in securities  Other \_\_\_\_\_

Funding Your Account  Saving of employment income  Real estate investment  Gifts  Other \_\_\_\_\_  
 Investment in securities  Other \_\_\_\_\_

Intended use of the Account  Short Term Investment  Long Term Investment  Income Generation  Savings  Retirement Savings  Education Savings  Estate Planning  Other \_\_\_\_\_

Please provide your BMO Banking Information (if applicable).

BMO Transit Number \_\_\_\_\_ BMO Account Number \_\_\_\_\_

BMO Bank Address \_\_\_\_\_

Address Continued \_\_\_\_\_

**F PLEASE PROVIDE DETAILS if you answer YES to the following questions**

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: \_\_\_\_\_
4. Will any other person have authority over, or any financial interest in, your account(s)? If another person will have authority over your account(s), please complete our "Authorized Trading Agent or Power of Attorney" form
- Yes  
 No Name: \_\_\_\_\_
5. Will anyone other than yourself use or direct transactions in this account? *This excludes those authorized to give instructions about the account, i.e., Joint Account Holder, Trading Agent, Power of Attorney and Trustee.*
- Yes If yes, please complete the "Third Party Information" form. Please contact BMO InvestorLine for this form.  
 No

**G FOR OPTIONS account applications**

1. Number of years trading in options: \_\_\_\_\_
2. How would you describe your options trading knowledge?  Expert  Knowledgeable  Limited  None
3. Experience with:  None  Long Calls or Puts  Covered  Naked  
 Spreads
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 Options (Section Four, Part G of the Client Agreement). 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.

Applicant's  
Signature \_\_\_\_\_

Date  
YY/MM/DD | Y Y M M D D |

## H FOR YOUR investment account

By opening an investment account, you will automatically receive benefits from our AccountLink® service.<sup>1</sup> 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,<sup>2</sup> please provide us with the following information:

Card #

and connect the accounts as:

Primary Chequing

Primary Savings

Other<sup>3</sup>

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® 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.

## I 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 information in this application is true and complete and I have received and agree to the terms and conditions as outlined in the Customer Agreement ([https://www.bmoinvestorline.com/ApplyNow/forms/Cust\\_Agr.pdf](https://www.bmoinvestorline.com/ApplyNow/forms/Cust_Agr.pdf)) booklet. In addition, I/we certify that I/we have disclosed all of my/our citizenships and residencies for tax purposes. I/We also agree to advise you immediately in writing of any material change in information.

Applicant's  
Signature

Date  
YY/MM/DD

## J 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.

Applicant's  
Signature

Date  
YY/MM/DD

## K SIGNATURE for self-directed registered plan account

I apply for a BMO InvestorLine self-directed registered 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 self-directed registered plan as a retirement savings plan/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.

Applicant's  
Signature

Date  
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 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 Annuitant form.

Last Name  First Name

Home Address (number, street)  Suite No.

City or Town  SIN  Prov.  Postal Code

Relationship (if any)  Date 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.

**NATIONAL INSTRUMENT 54-101 – SHAREHOLDER COMMUNICATION 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 Reporting Issuer, in Section Four, Part C of the Client Agreements.

**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.

Yes  No

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

**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.

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**

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. 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.

Applicant's  
Signature \_\_\_\_\_

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.

**YOUR PERSONAL INFORMATION**

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.

**What is Personal Information?**

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.

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

We collect 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) and 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.

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.

Please see our Privacy Code for details.

**Your Choices**

With your optional consent, BMO InvestorLine will also share account-specific 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:**

I consent  I DO NOT 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.

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 \_\_\_\_\_

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 Investment Industry Regulatory Organization of Canada (IIROC) and Member of the Canadian Investor Protection Fund (CIPF).

**L SIGNATURE FOR ALL ACCOUNTS (continued)**

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.

I/we acknowledge that I/we have read and understood the disclosure, and that I/we understand that these are shared premises.

Applicant's Signature \_\_\_\_\_

Date YY/MM/DD 

Y	Y	M	M	D	D
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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 

Y	Y	M	M	D	D
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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.