BMO (A) Wealth Management BMO InvestorLine

| W | Velcome to BMO InvestorLine ADDITIONAL AUTHORIZED TRADING OFFICER INFORMATION |
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| A | TELL US ABOUT the authorized trading officer |
| <u>A</u> | |
| | BMO InvestorLine Account Number: |
| | 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. There is a maximum of two Authorized Trading Officers per account. Please contact BMO InvestorLine or visit our web site for additional forms. |
| | Preferred Language: English French Country of Residence Country of Residence Country of Residence |
| | Account Characteristic(s): Pro* BMO Staff |
| | You are completing this form as: Authorized Trading Officer Sole Owner Beneficial Owner (own greater than 10% interest, directly or indirectly in the account) |
| | *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). |
| | Title Last Name LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |
| | Please enter your name exactly as it appears on your government-issued photo ID. |
| | Primary residence address City or Town Original Prov. |
| | Postal Home Phone Hone Burger Business Phone Busine |
| | Code |
| | No. Phone Email Email |
| | Mailing Address Suite Suite if different from above No. |
| | City or Postal Postal Code Code Code Code Code Code Code Code |
| | Marital No. of Date of Birth Status Image: Construction of the period of |
| | Employment Full-time (30 hours or more per week) Part-time (Less than 30 hours per week) Self employed Unemployed Status Retired (Please provide your last: occupation, employer's name, industry, city and prov.) Casual/Contract Seasonal |
| | |
| | Occupation |
| | Name Industry Industry |
| | Employer's Address Suite (number, street) No. |
| | City or Town |
| B | FINANCIAL information |
| | Please provide your BMO Banking Information (if applicable). |
| | BMO Transit |
| | Number Image: Imag |
| | |
| | Address Continued |
| C | 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 |
| | I have received the Risk Disclosure Statement for Futures and Options (Section Three, Part G of the Client Agreements). 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. |

| Additional Authorized |
|-----------------------------|
| Trading Officer's Signature |

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| Date YY/MM/DD | Y | Y | м | м | D | D | |
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| 11/11/100 | | | | | | | |

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| D | PLEASE | | | ы уо | u ans | wer | YES | to ti | ne to | 0110 | WIN | j qu | esti | ons | | | | | | | | | | | | | | | | |
|---|--|---|-------------------------------------|----------------------------------|---------------------|--------------------|-------------------------|-----------------|----------|----------|---------|---------|---------------------------------|-----------|-------|-------|--------|--------|---------------|-----------|--------|------------|---------|-------|-------|---------|--------------|---------|------|-----|
| 1. | | or your spouse/o | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. An insid Or | der, director or se | enior offic | er (i.e. a | n officer | or one | e of the | five I | nighes | t paid | emplo | yees) | of a p | ublicly t | rad | ed (e | xcha | nge o | r ovei | r-the | -cour | iter) | comp | any (| or af | filiate | of sı | uch a (| ompa | ny? |
| | Individ Yes | lually, or as part | of a grou | ıp, own | more th | 10 ⁰ 10 | % of th | ie vot | ting rig | ghts a | ttach | ed to | all voti | ng secu | uriti | es? | | | | | | | | | | | | | | |
| | | Company Nam | e(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ ' ' | are you a Repor | ting Insid | ler unde | r Canad | lian seo | curities | legis | lation | 1? | | | | | | | | | | | | | | | | | | | | |
| | ☐ Yes ☐ No | Company Nam | e(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b. Separa | itely or in combi iate of such a co | nation w | ith othe | r persor | ns, a ho | older o | f mor | e thar | 20% ח | of th | e out | standir | g votin | ig si | ecuri | ties (| of a p | oublic | ly tra | aded | (exc | hang | e or | over | -the- | coun | ter) o | ompa | лy |
| | ☐ Yes | Company Nam | o(c). | | | | 1 | | | | | | | | | | | | | | | | | | | I | | | | |
| | No c. Individ | lually, or as part | • • | ıp, a me | mber w | /ith cor | ntrollin | g inte | erest in | n a pu | blicly | trade | d (exc | nange (| or o | ver-t | he-c | ounte | er) co | mpa | iny oi | affi | liate | of su | ch a | com | pany | ? | | |
| | □ Yes □ No | Company Nam | I. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Do you ha | ive, or exercise a | authority | over, an | iy broke | erage a | ccount | s with | n othe | er final | ncial i | nstitu | tions? | | | | | | | | | | | | | | | | | |
| | ☐ Yes F | inancial instituti | ion(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | No Acc | count Type: | | | | | | | | | | | | Accou | nt T | ype: | | | | | | | | | | | | | | |
| 3. | | ive, or exercise a | authority | over, an | iy accou | ints wi | th BMC |) Inve | storLi | ne? | | | | | | | | | | | | | | | | | | | | |
| | ∐ Yes □ No A | | | | | | | | | | | | | Acc | oun | t #2: | | | | | | | | | | | | | | |
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| ╞╴ | NOW II | ELL US abou | ut you | r spou | ise oi | r con | וסשר | 1-19 | w pa | artn | er | | | | | | | | | | | | | | | | | | | |
| | | Al | | se or cor | nmon-l | aw par | tner is | an A | uthori | ized T | rading |) Offic | er. | | | | | | | | | | | | | | | | | |
| P | ease omit | this section if y | our spous | | | - | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ti | | La: Na | st I | | | | • • | ſ | | | | | | | | | | | Indu | Istry | | | | | | Ini | itials | | | |
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| Ti 0 | tle ccupation SIGNAT y requestin | URE I URE I URE I URE opening received and ac | st ime | r a cash | | Na | ame | it, or | | | | | Name | | | | | | ne inf | iorm | natio | | | | | on is | true | | | |
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| F B a in A | tle ccupation _ SIGNAT y requestin nd I have r informati dditional A | URE Ing the opening received and agion. | of eithe | r a cash | | Na | ame | it, or | | | | | Name | | | | | | ne inf | iorm | natio | iate Da | | writi | ing o | on is | true | iteria | | |
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