

Welcome to BMO InvestorLine **BMO INVESTORLINE TAX-FREE SAVINGS 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

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

- A new TFSA All sections except G
- A new TFSA with Options All sections
- Updating my existing TFSA All sections
- Updating my existing TFSA with Options All sections

Account Number:

Preferred Language: English French
Account Characteristic(s): Pro* BMO Staff N/A

*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).

Are you transferring a TFSA?
 Yes - Please complete our "Authorization to Transfer Account" form No - Indicate initial contribution \$ _____

B TELL US ABOUT YOURSELF you are the Account Holder 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.

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

No. of Dependents Date of Birth (YY/MM/DD) (Must be age of majority in your province/territory) Y Y M M D D
 SIN (required by the Canada Revenue Agency) If you are using a SIN starting with a 9, please submit a photocopy of your social insurance card showing a valid expiry date

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 currently employed by? BMO Financial Group BMO Nesbitt Burns BMO InvestorLine None of the above

If applicable, please provide Employee Identification Number (EIN)

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

Title Last Name First Name

Occupation Employer Name

Industry

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
 Investment in securities Gifts 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

- Are you, or your spouse/common-law partner:
 - 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): _____
 - 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): _____
 - 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): _____
- Do you have, or exercise authority over, any brokerage accounts with other financial institutions?
 Yes Financial institution(s): _____
 No Account Type: _____ Account Type: _____
- Do you have, or exercise authority over, any accounts with BMO InvestorLine?
 Yes
 No Account #1: _____ Account #2: _____
- 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: _____ If yes _____% of Financial Interest
- 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

- Number of years trading in options: _____
- How would you describe your options trading knowledge? Expert Knowledgeable Limited None
- Experience with: None Long Calls or Puts Covered Naked
- Please indicate what type of options trading you would like to do: Long Calls or Puts Covered

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

H SIGNATURE for TFSA

- TFSA holder must be at least the age of majority in their province/territory and have a valid SIN according to BMO InvestorLine policy.
- Only an individual (not a corporation or trust) may open a TFSA. The TFSA must be opened for the individual who is the account holder; a TFSA cannot be opened by an individual for or on behalf of someone else.
- Only the account holder may contribute to the TFSA. No contribution receipts will be issued, and contributions are not deductible for income tax purposes. However, income earned in the TFSA is not subject to income tax, and withdrawals from the TFSA (of contributions and income) are not subject to income tax.
- The account holder is responsible for determining his/her contribution limit for TFSAs, and for ensuring that he/she does not exceed the contribution limit. If an account holder over contributes to TFSAs, he/she will be subject to a penalty tax of 1% per month on the "excess TFSA amount".
- Contributions should not be made while the account holder is a non-resident of Canada (for income tax purposes), since contributions made while the account holder is a non-resident are subject to a penalty tax of 1% per month.

I request BMO Trust Company to act as trustee of my BMO InvestorLine Tax Free Savings Account (TFSA) in accordance with the terms and conditions of the Trust Agreement found in the Client Agreements (http://bmoinvestorline.com/ApplyNow/forms/Cust_Agr.pdf). I acknowledge having printed and read the Trust Agreement and agree to comply with it. I certify that all the information provided on the application form is true and accurate and I agree to the account terms and conditions as outlined in the Client Agreements. I also agree to advise you immediately in writing of any material change in information.

I agree that BMO Trust Company, as the "issuer" of the TFSA under the Income Tax Act Section 146.2, will file an election with the Minister of National Revenue to register this arrangement as a tax-free savings account (TFSA).

(For Quebec) I have required this document to be drawn up in the English language. J'ai exigé que ce document soit rédigé en anglais.

ACKNOWLEDGED BY BMO INVESTORLINE AS AGENT FOR BMO TRUST COMPANY.

Applicant's
Signature _____

Date
YY/MM/DD

Y	Y	M	M	D	D
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Reminder: you still need to complete section I

I SIGNATURE FOR ALL ACCOUNTS

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

Y	Y	M	M	D	D
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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

Y	Y	M	M	D	D
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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.

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).

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.

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

Y	Y	M	M	D	D
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K APPOINTMENT OF SPOUSE OR COMMON-LAW PARTNER AS SUCCESSOR ACCOUNT HOLDER*

I, the TFSA Account Holder, appoint my spouse or common-law partner (named below) to be the successor account holder of the TFSA upon my death. As the successor account holder, my spouse or common-law partner will acquire all of my rights as the account holder of the TFSA upon my death, and the TFSA will continue in his/her name. (The words "spouse" and "common-law partner" here have the meaning given to them under the Income Tax Act.)

I understand that this appointment will not be effective if the person named below is no longer my spouse or common-law partner at the time of my death (or if he/she dies before me). I understand that I may revoke or change this appointment at any time, and that it is my responsibility to make a new appointment if my marriage or common-law partnership breaks down (or the person named below dies before me) and I wish to appoint another person.

Spouse or Common-Law Partner's Last Name [Please Print] _____ First Name _____

Spouse or Common-Law Social Insurance Number _____ TFSA Account Holder Signature _____

Date YY/MM/DD

Y	Y	M	M	D	D
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* This appointment cannot be made in Quebec, because of differences under Quebec Law.