



Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

A: Client Identification

Account/Policy Holder Last Name or name of corporation, trust or other non-individual owner First Name Init. Address City Prov Postal Code Social Insurance Number Home Telephone Number Business Telephone Number Joint Owner Last Name Joint Owner First Name Init. Social Insurance Number

B: Receiving Institution Information

BMO Investments Inc. Administration Office: BMO Mutual Funds 30 Adelaide Street East, Suite 1 Toronto, ON., M5C 3G9 Telephone: 1 (800) 668-7372 Fax: 1-800-200-2497

BMO Investments Inc. Fundserv (ASM) Management Code: BMO

A COMPLETED APPLICATION IS REQUIRED TO OPEN A NEW NON-REGISTERED PLAN - APPLICATION ATTACHED YES NO

Client Account/Policy Number

For use by Mutual Fund Brokers/Dealers only

Dealer Name Dealer Number Agent Name Agent Number Agent Telephone Number Agent Fax Number Dealer Account Number

Investment Instructions:

Table with 3 columns: Investment Name, Symbol, %/\$ Amount

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name Address City Prov Postal Code Client Account/Policy Number

Transfer: (Check one box only)

- All in cash\* All as is (in Kind) All assets\*, but mixed in Cash and as is (in Kind), see list below or attached list Partial\* - as listed below or on attached list

\*Please refer to statement in bold in Client Authorization section below. Please make cheque payable to: BMO Investments Inc.

Table with columns for In Kind, In Cash, Investment Amount, Investment Description, Amount Symbol and/or Certificate Number or Policy Number, and Delay Delivery Until

D: Client Authorization

I hereby request the transfer of my account and its investments as described above. WHERE I HAVE REQUESTED A TRANSFER IN CASH, I AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ANY APPLICABLE FEES, CHARGES OR ADJUSTMENTS. Signature of Account Holder Date Signature of Joint Account Holder Date

E: For Use By Relinquishing Institution Only

Contact Name Telephone Number Fax Number Authorized Signature Date