

Account #1	Account #2	Account #3	Account #4

Applicant information

All sections should be completed.

Information about you

► **Legal name and personal information** (the name displayed on your supporting government photo identification)

Mr. Miss Mrs. Ms. Dr.

Last name	First name	Middle initial
Social Insurance Number		Date of birth (DD-MMM-YYYY)

► **Preferred name** (if other than your legal name) (optional)

Last name	First name	Middle initial
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► **Contact information**

Primary residential street address (a P.O. box or C/O will not be accepted)		Suite/Apt. no.
City	Province	Postal code
Home phone	Primary email	

► **Residency for tax purposes** (check all that apply)

<input type="checkbox"/> Canada (You must be a resident of Canada to open a BMO smartfolio 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.
<input type="checkbox"/> U.S.	Tax Identification Number (please provide a reason if Tax Identification Number is missing)
<input type="checkbox"/> Other (please specify) ►	Tax Identification Number (please provide a reason if Tax Identification Number is missing)
<input type="checkbox"/> Other (please specify) ►	Tax Identification Number (please provide a reason if Tax Identification Number is missing)

Reasons for missing Tax Identification Number(TIN):

- I have applied for a TIN but have not received one.
- My jurisdiction of tax residence does not issue TINs to its residents.
- Other (please provide details).

► Citizenship (complete only those that apply)	Country ►	Dual citizenship country ►	Taxpayer Identification Number ►
► Preferred language	<input type="checkbox"/> English <input type="checkbox"/> French		
► Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Common law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
► Dependents	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, how many?) ►		

Applicant information (continued)

► Employment status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student			
Employer/Business name (if employed or self-employed only)		Nature of business	
Address of employer/business			Suite/Apt. no.
City	Province/State	Postal code	Country
Occupation			

Information about your finances

► Annual income		
A. Employment/Business	A	\$
B. Investments	+ B	\$
C. Other (describe) ►	+ C	\$
D. Total annual income (A+B+C=D)	= D	\$

► Net worth		
A. Estimated net liquid assets (cash and securities less loans)	A	\$
B. Estimated net fixed assets (fixed assets less liabilities)	+ B	\$
C. Estimated total net worth (A+B=C)	= C	\$

► Investments and accounts	
Please specify how your wealth was accumulated or obtained: (check all that apply)	
<input type="checkbox"/> Savings of employment income <input type="checkbox"/> Inheritance <input type="checkbox"/> Real estate investment <input type="checkbox"/> Investment in securities <input type="checkbox"/> Gifts	
<input type="checkbox"/> Other (please specify) ►	
Are you borrowing money for the purpose of investing?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	

Information about your spouse

NOTE: This information is required if your marital status is married, common law, or separated.

Spouse's last name	First name	Middle initial
Employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		
Spouse's employer	Nature of business	Occupation

Alternative mailing address

NOTE: Unless otherwise indicated, all mailings will be sent to your primary residential street address.

Street address	Suite/Apt. no.
City	Postal code

Applicant information (continued)

Regulatory disclosure information

► Relationships

Are you a partner, director, officer or employee of a member dealer of the Investment Industry Regulatory Organization of Canada (IIROC) or related to any such individual and living in the same household?

No Yes

If you have more Insider, Significant Shareholder, or Control relationships, please contact us at 1-844-895-3721.

► Insider relationships

Are you or your spouse 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 do you or your spouse (individually, or as part of a group) own more than 10% of the voting rights attached to all voting securities?

No Yes (if yes, please complete company information below)

Company name	Trading symbol	Company name	Trading symbol

If yes, are you a reporting insider under Canadian securities legislation? No Yes (if yes, please complete company information below)

Company name	Trading symbol	Company name	Trading symbol

► Significant shareholder relationships

Do you or your spouse hold, separately or in combination with other persons, more than 20% of the outstanding voting securities of a publicly traded (exchange or over-the-counter) company or affiliate of such a company?

No Yes (if yes, please complete company information below)

Company name	Trading symbol	Company name	Trading symbol

► Control relationships

Do you or your spouse hold, separately or in combination with other persons, a controlling interest (more than 20% of the outstanding voting securities) in a publicly traded (exchange or over-the-counter) company or affiliate of such a company (individually, or as part of a group)?

No Yes (if yes, please complete company information below)

Company name	Trading symbol	Company name	Trading symbol

► Other information about your account

Will anyone have power of attorney over your account? No Yes (if yes, a Power of Attorney Filing Record form must be completed)

Will your account(s) be used by, or on behalf of, any third party or will anyone else have a financial interest in this account? No Yes

Client agreements and signatures

I certify that the information on this form is true and complete; the information on this form shall supersede information previously provided; and the terms and conditions of my BMO SmartFolio Investment Management Agreement remain in effect.

Client signature 	Date (DD-MMM-YYYY)
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