

BMO FUNDS CHANGE OF INFORMATION  
INSTITUTIONAL CLASS OF SHARES (CLASS I)

For help with this form, or for more information, call us toll-free at 1-800-236-FUND(3863) or 414-287-8555.

**IMPORTANT:** Use this form to change information we currently have on your account or to add additional services – be sure to complete ALL Pages.

1. Account Information

Account Registration: \_\_\_\_\_

List the account number(s) you wish to make changes on:

BMO Low Volatility Equity Fund (1050)	# _____
BMO Large-Cap Value Fund (926)	# _____
BMO Dividend Income Fund (1040)	# _____
BMO Large-Cap Growth Fund (927)	# _____
BMO Mid-Cap Value Fund (931)	# _____
BMO Mid-Cap Growth Fund (963)	# _____
BMO Small-Cap Value Fund (1038)	# _____
BMO Small-Cap Growth Fund (964)	# _____
BMO Small-Cap Core Fund (1122)	# _____
BMO Micro-Cap Fund (1098)	# _____
BMO Global Low Volatility Equity Fund (1100)	# _____
BMO Pyrford International Stock Fund (1046)	# _____
BMO LGM Emerging Markets Equity Fund (754)	# _____
BMO Pyrford Global Equity Fund (1124)	# _____
BMO Alternative Strategies Fund (1163)	# _____
BMO Ultra Short Tax-Free Fund (1033)	# _____
BMO Short Tax-Free Fund (1048)	# _____
BMO Short-Term Income Fund (993)	# _____
BMO TCH Intermediate Income Fund (995)	# _____
BMO Intermediate Tax-Free Fund (1036)	# _____
BMO Mortgage Income Fund (968)	# _____
BMO TCH Corporate Income Fund (799)	# _____
BMO TCH Core Plus Bond Fund (796)	# _____
BMO Moneyg High Yield Bond Fund (1042)	# _____
BMO TCH Emerging Markets Bond Fund (1052)	# _____
BMO Multi-Asset Income Fund (1126)	# _____
BMO Government Money Market Fund (604)	# _____
BMO Tax-Free Money Market Fund (412)	# _____
BMO Prime Money Market Fund (090)	# _____
BMO Target Retirement 2010 Fund (1054)	# _____
BMO Target Retirement 2015 Fund (1102)	# _____
BMO Target Retirement 2020 Fund (1058)	# _____
BMO Target Retirement 2025 Fund (1106)	# _____
BMO Target Retirement 2030 Fund (1062)	# _____
BMO Target Retirement 2035 Fund (1110)	# _____
BMO Target Retirement 2040 Fund (1066)	# _____
BMO Target Retirement 2045 Fund (1114)	# _____
BMO Target Retirement 2050 Fund (1070)	# _____
BMO Target Retirement 2055 Fund (1118)	# _____

## 1. Account Information *(Continued)*

BMO Conservative Allocation Fund (1074)	# _____
BMO Moderate Allocation Fund (1078)	# _____
BMO Balanced Allocation Fund (1082)	# _____
BMO Growth Allocation Fund (1086)	# _____
BMO Aggressive Allocation Fund (1090)	# _____

## 2. Registration

- ☐ Update Authorized Person(s)      ☐ Change to Trust registration\* (Complete new account form if change to trust requires a SSN/TIN change)  
☐ Add Joint Account Holder      ☐ Add Power of Attorney (POA)\*      ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Person, Trustee, Account Holder or POA

\_\_\_\_\_  
Citizenship (if other than U.S.)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

☐ Please check here if you are employed by or associated with a member of FINRA

\_\_\_\_\_  
Name of Authorized Person, Trustee, Joint Account Holder or POA

\_\_\_\_\_  
Citizenship (if other than U.S.)

\_\_\_\_\_  
Social Security Number(s)

\_\_\_\_\_  
Birth Date

☐ Please check here if you are employed by or associated with a member of FINRA

\_\_\_\_\_  
Name of Authorized Person, Trustee, Joint Account Holder or POA

\_\_\_\_\_  
Citizenship (if other than U.S.)

\_\_\_\_\_  
Social Security Number(s)

\_\_\_\_\_  
Birth Date

☐ Please check here if you are employed by or associated with a member of FINRA

\* Supporting legal documentation is required. (ex. copy of POA paperwork, birth certificate, corporations or other entities are required to furnish an authorizing resolution, trusts must provide evidence, either by a copy of trust document, certificate of trust, or copy of first page, signature page along with the pages that identify the trustees of the trust. Failure to include this documentation may result in the delay of processing your changes.)

**Please attach required documentation to this form.**

## 3. Address

\_\_\_\_\_  
U.S. Residential Street Address (P.O. Box or rural route number is **not** acceptable)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
U.S. Mailing Address (if different from address above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

## 4. Telephone Exchange, Purchase and Redemption

Check One:    ☐ Add Instructions      ☐ Remove Instructions

Check all that apply below:

- ☐ Telephone Exchange - EXCHANGE shares between your BMO Fund accounts having the same registration.  
☐ Telephone Purchase\* - PURCHASE shares by telephone using your bank account to clear the transaction.

#### 4. Telephone Exchange, Purchase and Redemption (Continued)

☐ Telephone Redemption -REDEEM shares by telephone authorization and (check all that apply when adding instructions):

☐ Send proceeds to your bank account\* via electronic funds transfer or by wire (\$1,000 minimum).

☐ Send proceeds, by check, to the address of record on this mutual fund account.

**\* Also complete Section 6: Bank Account Information.** By checking the box (or boxes) above and signing this form, I acknowledge that: I authorize BMO Funds U.S. Services to accept and act upon telephoned instructions to: 1) exchange shares I own in any BMO Fund for shares of any other BMO Fund, or 2) purchase shares in a BMO Fund using my bank account to clear the transaction, or 3) redeem shares I own in any BMO Fund. I understand that exchanges can be made only between accounts having identical registrations.

#### 5. Systematic Investment, Withdrawal or Exchange Plan

Check One: ☐ **Add Instructions** ☐ **Remove Instructions** ☐ **Change Current Instructions**

Beginning Date (MM/DD/YYYY) \_\_\_\_\_ Ending Date (MM/DD/YYYY) \_\_\_\_\_

Process systematic option on \_\_\_\_\_ day(s) for the following frequency (check one):

☐ semi-monthly ☐ monthly ☐ bi-monthly ☐ quarterly ☐ semi-annually ☐ annually

If the date(s) you choose falls on a weekend or holiday, your automatic investment will occur on the next business day. If no date is chosen, your bank account will be debited on the 15th day of the month. This Automatic Investment Plan ("Plan") is established solely for the owner's convenience and is governed by terms set forth in the prospectus, which may be amended from time to time, and by the rules of the Automated Clearing House. The Plan may be terminated or modified by the BMO Funds at any time without notice. You must contact BMO Funds U.S. Services (1-800-236-3863 option 1) to stop the Plan.

**Please select the type of Systematic Plan you would like to establish.**

I. ☐ Systematic Investment Plan\* - \$50 minimum (Fund shares purchased systematically are not redeemable for 7 days)

Transfer \$ \_\_\_\_\_ from my bank account and purchase the following:

BMO Fund	\$Amount (\$50 min/fund)

II. ☐ Systematic Withdrawal Plan - \$100 minimum (minimum account balance of \$10,000 required)

Transfer \$ \_\_\_\_\_ ☐ to my bank account via ACH\* ☐ by check payable to:

Payee Name \_\_\_\_\_

Payee Address \_\_\_\_\_

By redeeming the following:

BMO Fund	\$Amount (\$100 min/fund)

III. ☐ Systematic Exchange Plan (Accounts must have the same registration) - \$50 minimum

Periodically exchange the following:

Redeem BMO Fund	Purchase BMO Fund	\$Amount (\$50 min/fund)

**\* Complete Section 6: Bank Account Information**  
(12-23-14)

## 6. Bank Account Information

Check One: ☐ Add Instructions    ☐ Add Additional Instructions    ☐ Remove Instructions    ☐ Change Current Instructions

Bank Name \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

Bank Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_ ☐ Checking    ☐ Statement Savings

**TAPE A PREPRINTED VOIDED CHECK OR PREPRINTED SAVINGS ACCOUNT DEPOSIT SLIP HERE – PLEASE DO NOT STAPLE.**

XXX XXXX  
XXX XXXXXXXX XXXXX  
XXXXXXXXXXXXXX, XX XXXXXX

XXXXX

DATE \_\_\_\_\_

PAY TO THE  
ORDER OF: \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR \_\_\_\_\_  
XXXX XXX XXXX XXXX XXXXXX XXXXXX XXXXXX

## 7. Dividend and Capital Gains Payment Option

Check appropriate box for dividends and capital gains:

- |   |   |
|---|---|
| <input type="checkbox"/> Reinvest income dividends  | <input type="checkbox"/> Reinvest capital gains     |
| <input type="checkbox"/> Pay income dividends by check  | <input type="checkbox"/> Pay capital gains by check |
| <input type="checkbox"/> Pay income dividends by ACH*   | <input type="checkbox"/> Pay capital gains by ACH*  |
| <input type="checkbox"/> Pay income dividends by wire*  | <input type="checkbox"/> Pay capital gains by wire* |
| <input type="checkbox"/> Transfer my dividends from my BMO _____ Fund to my BMO<br>_____ Fund having the same registration. |   |

\* Complete Section 6: Bank Account Information

## 8. Signature

By signing this Change of Information Form below, I (the Account Owner or an authorized agent of the Account Owner) agree that I:

- Have received and read the prospectus for each of the Funds in which I am investing and understand that the prospectus terms are incorporated into this Change of Information Form by reference.
- Agree that neither BMO Funds U.S. Services, the BMO Funds, nor any of their affiliates will be responsible for the authenticity of any instructions given by me and shall be fully indemnified by the Account Owner and held harmless from any and all direct and indirect liabilities, losses or costs resulting from acting upon such instructions.
- Am of legal age in my state and have authority and legal capacity to purchase mutual fund shares.
- Consent to the recording of our telephone conversations when I call you regarding my shares and account(s).
- Understand the information in Sections 2, 3, 4, 6, and 7 applies to any new fund into which my shares may be exchanged.
- Understand that verification of the information provided in Section 6 of this application will not be requested from me via email, phone or written correspondence by BMO Funds. If I do receive such an inquiry, I will alert my banking institution immediately to make them aware of this attempt to obtain my banking information.
- Understand that if the account(s) referenced or established with this Change of Information Form is/are registered as a trust, any one trustee (or one corporate employee in the case of a corporate trustee) acting alone has the ability to perform telephone transactions.

## 8. Signature (continued)

- Will review all statements upon receipt at the mailing address, and will notify BMO Funds immediately if there is a discrepancy.
- May request transfers to or from my bank account in this application or at any time, including by telephone or otherwise, you are authorized to make those requested transfers (and to make, if necessary, adjusting transfers if any amounts are transferred in error). I agree that BMO Funds may make additional attempts to debit/credit the account if the initial attempt fails, and if a transfer is denied by my bank for any reason, BMO Funds will discontinue this authorization. I understand that I can end this authorization at any time by notifying BMO Funds in writing or by telephone. If I am an owner of the bank account identified on this application, I certify that my signature alone is sufficient to authorize debits from the bank account.
- Understand that BMO Funds may charge a transaction fee for the outgoing wire if sending money via federal funds and that my bank may charge a transaction fee for an incoming wire
- Understand that if no activity occurs in my account within the timeframe specified by the law in my state of residence or if the account statements mailed to me by BMO Funds are returned as undeliverable during that timeframe, the ownership of my account may be transferred to my state of residence, known as escheatment. I also understand that the timeframe varies from state to state and that BMO Funds will attempt to contact me prior to the escheatment of my account. I agree to notify BMO Funds of any change in my address so that my account will not be escheated to my state of residence.
- I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.
- **Certify under penalties of perjury that:**
  - (1) The number shown on this form is the correct Social Security Number or Taxpayer ID Number; and
  - (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (the "IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
  - (3) I am a U.S. person (including a U.S. resident alien)
  - (4) I am exempt from FATCA reporting.

[Instruction - you must cross out item (2), above, if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax returns.] The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

\_\_\_\_\_  
Signature of Owner, Custodian, Trustee or Authorized Person

**Medallion Guaranteed**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner, Trustee or Authorized Person, etc.

**Medallion Guaranteed**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner, Trustee or Authorized Person, etc.

**Medallion Guaranteed**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner, Trustee or Authorized Person, etc.

**Medallion Guaranteed**

\_\_\_\_\_  
Date

A Medallion Guarantee is designed to protect you and the Funds against fraudulent transactions by unauthorized persons. A Medallion Guarantee is required for all persons registered on an account. Please note that a Notary Public stamp or seal is not acceptable. A Medallion Guarantee may be obtained from any eligible guarantor institution as defined by FINRA. These institutions include banks, savings associations, credit unions, brokerage firms and others.

## 9. Medallion Guarantee

**A Medallion Guarantee is required on this form if you have done one of the following:**

- Added or changed the telephone option and have proceeds transferred to your bank account (Section 4 and Section 5)
- Changed your bank account information (Section 6)
- Changed the account registration (Section 2)

## 10. Mailing Information

*Regular Mail:*

**BMO Funds**

P.O. Box 55931

Boston, MA 02205-5931

*Overnight Mail:*

**BMO Funds**

c/o Boston Financial Data Services

Suite 55931

30 Dan Rd

Canton, MA 02021