

BMO FUNDS TRANSFER ON DEATH (TOD) REGISTRATION REQUEST

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

- IMPORTANT:**
- Please be sure to complete ALL PAGES of this request.
 - DO NOT USE THIS REQUEST TO DESIGNATE A BENEFICIARY ON AN IRA OR OTHER BMO FUNDS RETIREMENT PLAN.
 - **WE MUST RECEIVE AN ORIGINAL OF THIS FORM, WE CANNOT ACCEPT A FAX OR PHOTOCOPY**

1. State of Residence; Applicable Law

I (any reference to "I" shall mean "we" or "us" if this is a joint account with right of survivorship) acknowledge my Account is being established under the Uniform Transfer on Death Security Registration Act (TOD Act) of the state of my residence indicated below, or, if my state of residence has not adopted the uniform TOD Act, I understand that this Account will be established under the Wisconsin TOD Act. Furthermore, I acknowledge that, upon my death, should there be a conflict with applicable state law; the Account will be administered in accordance with the terms of this document.

Account Registration

State of Residence

Account Number

2. Transfer on Death Designation

I understand a TOD registration is an important estate planning decision. I have had the opportunity to have my estate planning professional review this Request. I understand that I must sign a new Request in order to add, delete or make other changes to the Request. BMO Funds will not transfer my Account to the TOD beneficiary until BMO Funds receives a certified copy of my death certificate and such other information as BMO Funds may require (including the beneficiary's social security number and other required personal information). BMO Funds will allow me to substitute a named beneficiary's descendants to take the place of the named beneficiary in the event of the beneficiary's death. Substitution may be indicated by appending to the name of the primary beneficiary the letters "LDPS", standing for "lineal descendants per stirpes." This designation substitutes a deceased beneficiary's descendants who survive me for a beneficiary who fails to so survive. Such descendants shall be identified and share in accordance with the law of the beneficiary's domicile at the time of my death. The following are illustrations of acceptable beneficiary designations:

- a) Sole beneficiary – John Brown, Jr.;
- b) Multiple beneficiaries – John Brown, Jr. – 50%, Susan Brown – 50%
- c) Primary and contingent beneficiaries – John Brown, Jr. – 100%, Sub-beneficiary (or contingent beneficiary) Peter Brown – 100%
- d) Primary beneficiary and if primary beneficiary predeceases, then to children – John Brown, Jr., LDPS; and
- e) Trust beneficiary – Trustee of the Brown Family Trust created under the Brown Joint Revocable Trust dated January 1, 2007
(*name of the trustee if know, name of trust and date of trust document*)

If any portion of the Account is payable to a person known by BMO Funds to be a minor or otherwise under a legal disability, BMO Funds may in its absolute discretion pay all or any part of the distribution to: (a) a parent of the beneficiary; (b) the guardian, conservator or other legal representative of the beneficiary; (c) a custodial account established under an applicable Uniform Gift to Minor Act, Uniform Transfer to Minor Act, Uniform Custodial Trust Act or similar law; or (d) any person having control or custody of the beneficiary. If the space below is insufficient, I may insert "see attached" and attach a separate signed and dated page that designates my beneficiaries.

I revoke all previous designations and direct that my BMO Funds account(s) be distributed upon my death to the designated beneficiary(ies) below. If any designated Primary Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Primary Beneficiaries. If any beneficiary survives me but fails to survive transfer of his or her entire share, then the remaining portion of such beneficiary's share shall be transferred to such beneficiary's estate. **All stated percentages must be whole percentages (e.g., 33%, not 33.3%) and must add up to 100%.** If they do not, transfers shall be made proportionately based on the percentages stated.

2. Transfer on Death Designation (continued)

Primary Beneficiary(ies):

Beneficiary Legal Name	Relationship	Date of Birth	%

If no Primary Beneficiary survives me, I direct that my BMO Funds account(s) be distributed upon my death to the following Contingent Beneficiary(ies). If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Contingent Beneficiaries.

Contingent Beneficiary(ies):

Beneficiary Legal Name	Relationship	Date of Birth	%

3. Spousal Consent to Beneficiary Designation

This section needs to be completed only if the client is married, the Account is registered in the individual name of the Client and the Client has not named his or her spouse as the Primary Beneficiary. Due to important legal and tax consequences of giving up one's community property, marital property or elective share rights, it is recommended that the spouse consult with a competent legal or tax advisor.

I am the spouse of the client. I acknowledge that I have received fair and reasonable disclosure of my spouse's property and financial obligations and have had the opportunity to consult with a lawyer or tax professional. I consent to the preceding beneficiary designation and understand that this beneficiary designation controls payment of the entire Account as long as the beneficiary designation remains in effect.

Signature of Spouse

Date

Print Name of Spouse

4. Signature of Client (All registered account owners must sign)

By signing this Request, I agree to indemnify and hold harmless the BMO Funds, each investment company served by BMO Funds, each of the BMO Funds affiliated companies; and each of their respective directors, trustees, officers, and employees from and against any and all losses and liabilities (including court costs and reasonable attorney's fees) resulting from BMO Funds acting on this *Transfer on Death Registration Request*, maintaining this account or transferring assets from this Account in accordance with this Request.

Client Signature

Date

Client Signature (if joint with right of survivorship)

Date

5. Mailing Information

Regular Mail:

BMO Funds—U.S. Services
P.O. Box 219006
Kansas City, MO 64121-9006

Overnight Mail:

BMO Funds—U.S. Services
430 W 7th Street Suite 219006
Kansas City, MO 64105-1407