

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

Applicant information

Information about you

► Legal name and personal information (the name displayed on your supporting government photo identification)		
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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

► 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 (choose ONE only)	<input type="checkbox"/> Canada (include province below)	<input type="checkbox"/> U.S. (include state below)	<input type="checkbox"/> Other (include country below)
	►	►	►
► 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?) ►		

► 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			

Applicant information (continued)

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	Province	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?		<input type="checkbox"/> No <input type="checkbox"/> 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)
<div>SIGN HERE</div>	

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