



Transfer Authorization for Non-Registered Investments

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) 668-7327
 Fax: 1-800-200-2497

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

Client Account/Policy Number

Dealer Name | Dealer Number

Agent Name | Agent Number

Agent Telephone Number | Agent Fax Number | Dealer Account Number

For use by Mutual Fund Brokers/Dealers only

Investment Instructions:

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.**

<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash	Investment Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/> Shares/Unit <input type="checkbox"/> Dollars	Investment Description	
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash	Investment Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/> Shares/Unit <input type="checkbox"/> Dollars	Investment Description	
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash	Investment Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/> Shares/Unit <input type="checkbox"/> Dollars	Investment Description	

FOR USE BY RELINQUISHING INSTITUTION

Delay Delivery Until

Y Y Y Y | M M | D D

Delay Delivery Until

Y Y Y Y | M M | D D

Delay Delivery Until

Y Y Y Y | M M | D D

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

Y Y Y Y | M M | D D