



Mutual Funds

30 Adelaide Street East, Suite 1
Toronto, ON., M5C 3G9
Tel: Toll-free: 1-800-668-7327
Fax: Toll-free: 1-800-200-2497
www.bmo.com/gam/ca

BMO Mutual Funds
PRE-AUTHORIZED CHEQUING PLAN (PAC)
for existing accounts
(Non-Registered/RRSP/RESP/RDSP/TFSA)

BMO Mutual Funds Account # MANDATORY

1. ACCOUNT TYPE - (FOR EXISTING ACCOUNTS ONLY)

- Non-Registered Account
Registered Retirement Savings Plan (RRSP)
Spousal or Common-Law RSP
Individual RESP
Family RESP
Registered Disability Savings Plan (RDSP)
Tax-Free Savings Account (TFSA)

2. INVESTOR INFORMATION

Account Holder/Annuitant/Subscriber Last Name
Account Holder/Annuitant/Subscriber First Name
Joint Account Holder/Subscriber Last Name (if applicable)
Joint Account Holder/Subscriber First Name
Corporation or Trust Name (if applicable)

3. BMO MUTUAL FUNDS PRE-AUTHORIZED CHEQUING PLAN (PAC)

Table with columns: PAC DETAILS, FUND NAME, STANDARD DEFERRED CHARGE OPTION (DSC)² OR, LOW LOAD OPTION (LL)², SALES CHARGE OPTION¹, FUND NUMBER, AMOUNT³, START DATE⁴. Includes rows 1-4 for plan details.

Name of Financial Institution
Branch Address
Transit No. Institution No. Account No.



Attach VOID CHEQUE here.

¹ Sales charge option will apply if no option is indicated. ² Sales charge option will apply if no option is indicated and deferred sales charge may apply on withdrawals. ³ PAC minimum is \$20.00. ⁴ If this information is not indicated, the plan will be established for the 1st business day of the following month on a monthly basis. Please note: 3 business days are required to set up or amend any systematic plans.

4. SPECIAL INSTRUCTIONS

5. PLEASE READ CAREFULLY AND SIGN BELOW

- **By signing this form, you hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Payments Canada Rule H1 with regard to pre-authorized debits.**
- You authorize BMO Investments Inc. to debit the bank account provided for the amount(s) and in the frequencies instructed. If additional space is required a separate sheet may be attached.
- You understand that all contributions made to a Family RESP Plan will be allocated equally amongst the beneficiaries unless otherwise indicated in Section 4: Special Instructions.
- If this is for your own personal investment, your debit will be considered a Personal Pre-authorized Debit (PAD) by Payments Canada. If this is for business purposes, it will be considered a Business PAD. Monies transferred between Payments Canada members will be considered a Funds Transfer PAD where the Payee and Payor are the same.
- You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.
- You may change these instructions or cancel this PAD at any time in writing subject to providing notice of 3 business days. For more information to cancel your PAD, you may contact your financial advisor or call Client Services toll-free number at 1-800-668-7327 or by email at clientservices.mutualfunds@bmo.com. You may also obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Payments Canada website at www.payments.ca. You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- You have authorized us to accept changes to this agreement from my registered dealer or my financial advisor in accordance with our policies, in accordance with the disclosure and authorization requirements of the Payments Canada.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You have requested this application form and all other documents relating hereto to be in English. Vous avez exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

Authorization (For all Account Types)

To be signed by the Individual(s) identified in Section 2

Account Holder/Annuitant/Subscriber Signature

Joint Account Holder/Subscriber Signature (if applicable)

Additional Bank Account Authorization (For Non-Registered/RESP/RDSP Account Types only)

To be signed where the Bank Account Holder is not the same as the Individual(s) identified in Section 2

Bank Account Holder Signature

Joint Bank Account Holder Signature (mandatory for joint bank accounts)

Representative Name (Please print)

Representative Signature

Dealer

Representative

Date