

BMO FUNDS CHANGE OF INFORMATION INVESTOR CLASS OF SHARES (CLASS Y)

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 Large-Cap Growth Fund (206) # _____
- BMO Intermediate Tax-Free Fund (347) # _____
- BMO Strategic Income Fund (207) # _____
- BMO TCH Corporate Income Fund (798) # _____
- BMO TCH Core Plus Bond Fund (756) # _____
- BMO Government Money Market Fund (605) # _____
- BMO Tax-Free Money Market Fund (410) # _____
- BMO Prime Money Market Fund (200) # _____
- BMO Institutional Prime Money Market Fund (1172) # _____
- BMO Conservative Allocation Fund (1073) # _____
- BMO Moderate Allocation Fund (1077) # _____
- BMO Balanced Allocation Fund (1081) # _____
- BMO Growth Allocation Fund (1085) # _____
- BMO Aggressive Allocation Fund (1089) # _____

2. Registration

- Add Joint Account Holder Add Power of Attorney (POA)* Other _____
- Remove Custodian from UTMA* (*Minor has reached age of majority*) Update Authorized Person(s)*
- Change to Trust registration* (*Complete new account form if change to trust requires a SSN/TIN change*)

Name of Account Holder, POA, Trustee or Authorized Person _____
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 Joint Account Holder, POA, Trustee or Authorized Person _____
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 Joint Account Holder, POA, Trustee or Authorized Person _____
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

* 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 application.

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

E-mail 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.
- 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 7: 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 7: Bank Account Information**

6. Checkwriting Signature Card (Available only wwith BMO Government Money Market Fund, BMO Tax-Free Money Market Fund or BMO Prime Money Market Fund. Not available for BMO Floating NAV Prime Money Market Fund.)

BMO Funds • State Street Bank and Trust Co.

Account Number _____

Free Check Writing – \$250 Minimum

I (we) authorize State Street Bank and Trust Co. (“The Bank”) to honor checks drawn on my (our) Money Market Account by me (us).

Name (first, middle initial, last)

Name (first, middle initial, last)

Signature

Dated

Signature

Dated

By signing this signature card, the undersigned agrees to be subject to the instructions and rules as now in effect, and as amended from time to time, by the BMO Funds and State Street Bank and Trust Co. that pertain to the use of redemption checks.

Check here if only one signature is required on checks. If this box is not checked, all checks will require all signatures.

Conditions

The payment of funds is authorized by the signature(s) appearing above unless a lesser number is indicated. Each signator guarantees the genuineness of the signatures. The Bank is hereby appointed agent by the person(s) signing this card (the Depositor(s) and, as agent, is authorized and directed to present drafts drawn on this account to the transfer agent of BMO Funds as requested to redeem shares). The Bank shall be liable only for its own negligence. The Depositor(s) agrees to be subject to the rules and regulations of State Street Bank and Trust Co. pertaining to this account as amended from time to time. State Street Bank and Trust Co. and BMO Funds reserve the right to change, modify or terminate this account and authorization at any time. Drafts may not be for less than \$250 or such other minimum amounts as may from time to time be established by BMO Funds upon prior written notice to its shareholders. Shares purchased by check (including certified or cashier's checks) will not be redeemed for seven calendar days of such purchase by check writing and any drafts presented for payment against such shares will be returned as "insufficient funds".

7. 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

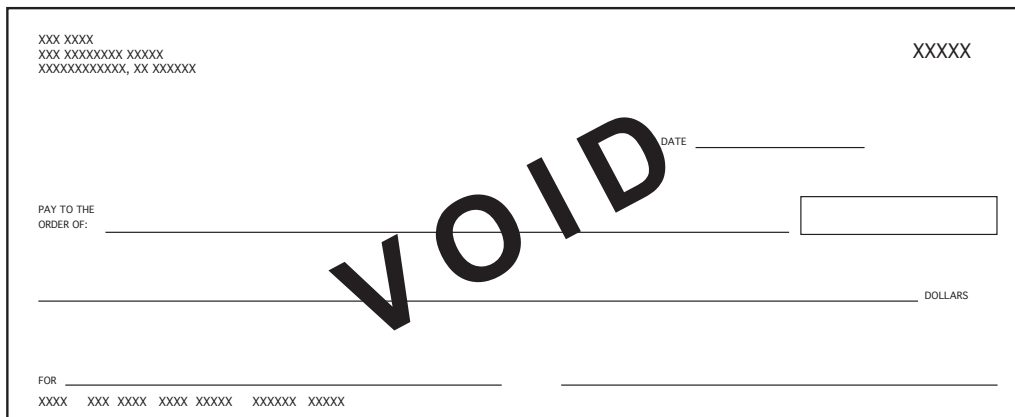
Zip Code

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.



8. 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* |
- Transfer my dividends from my BMO _____ Fund to my BMO _____ Fund having the same registration.

***Complete Section 7: Bank Account Information**

9. 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, 7 and 8 applies to any new fund into which my shares may be exchanged.
- Understand that verification of the information provided in Section 7 of this form 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.
- 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 form 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
 - (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
or Notary Public**

Date

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

**Medallion Guaranteed
or Notary Public**

Date

(3-2019)

9. Signature (Continued)

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

**Medallion Guaranteed
or Notary Public**

Date

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

**Medallion Guaranteed
or Notary Public**

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 only acceptable in certain situations, see Section 10. 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.

10. Medallion Guarantee or Notary Public

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

- Added or changed the check writing option (Section 6).
- Changed the account registration (Section 2) other than due to a name change or on a UTMA/UGMA.

A Notary Public is required on this form if you have done the following:

- Changed the account registration (Section 2) due to a name change or on a UTMA/UGMA only.
- Added or changed the telephone option and have proceeds transferred to your bank account (Section 4 or Section 5 and Section 7).
- Added or changed your bank account information (Section 7).
- Changed your dividend or capital gain distributions to cash and requesting they are sent to your bank account (Section 7 and Section 8).

11. 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