

BMO FUNDS COST BASIS REPORTING ELECTION FORM

Taxable Accounts Only

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

1. Account Information

Name (first, middle initial, last) _____

Account Number _____

Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ E-mail Address _____

Daytime Phone _____ Evening Phone _____

2. Cost Basis Method Election

This selection applies to all shares purchased after January 1, 2012, for tax reporting purposes.

Check here if you are changing from a previously selected method.

	Average Cost	First In, First Out	High Cost	Last In, First Out	Loss/Gain Utilization	Low Cost	Specific Lot Identification (Must Complete Section 3)
1. Apply this cost basis method to all of my current and future accounts registered under my SSN/TIN indicated in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Apply different cost basis methods for each of my accounts*							
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* For future accounts, cost basis selection will be made via the application. If you do not make a selection, Average Cost will be applied to your account(s).

3. Secondary Method *(This section must be completed if Specific Lot Identification is chosen in Section 2)*

If you chose **Specific Lot Identification** in section 2, you need to choose a secondary method below to accommodate transactions for which you may not be able to provide lot selection at the time of a redemption or exchange (i.e. If you have a systematic withdrawal or exchange plan on your account).

	First In, First Out	High Cost	Last In, First Out	Loss/Gain Utilization	Low Cost
1. Apply this cost basis method to all of my current and future accounts registered under my SSN/TIN in section 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Apply a different secondary cost basis method for each of my accounts if Specific Lot Identification was the method requested in section 2					
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name _____ Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Signature/Authorization

I authorize BMO Funds, DST Asset Manager Solutions, Inc. and its affiliates to act upon this authorization. I agree they will not be held liable for any future penalties assessed. It is understood that the selection made on this form may be changed by completing a new form. Any such changes shall be effective only in respect to applicable transactions made after receipt of a new form and a reasonable amount of time to act upon it. I understand that if I am changing from average cost and make a redemption under that method after January 1, 2012, my cost basis reporting election is effective once received and processed and is only applicable to shares purchased after that date.

Signature of Owner, Custodian, Trustee or Authorized Party

Date

Signature of Joint Owner, Co-Trustee or Additional Authorized Party

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