

BMO FUNDS NEW ACCOUNT APPLICATION

BMO LGM FRONTIER MARKETS EQUITY FUND

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

IMPORTANT: Please be sure to complete ALL PAGES of this application. DO NOT USE THIS APPLICATION TO OPEN AN IRA OR OTHER BMO FUNDS RETIREMENT PLAN. The USA Patriot Act requires us to obtain, verify and record information that identifies each person who opens an account. Failure to provide required information may result in processing delays. Additional documentation may be requested. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs.

1. Account Registration

- Individual or Joint Account** **Individual TOD or Joint TOD** (complete separate TOD agreement)
Joint accounts will be registered joint tenants with the right of survivorship unless otherwise indicated.

Owner's Name (first, middle initial, last)

Citizenship (if other than U.S.)

Owner's Social Security Number

Birth Date

Male Female Single Married

Joint Owner's Name (first, middle initial, last)

Citizenship (if other than U.S.)

Joint Owner's Social Security Number

Birth Date

Male Female Single Married

- Uniform Transfer to Minor Act (UTMA)**

Custodian's Name (first, middle initial, last)

Citizenship (if other than U.S.)

Custodian's Social Security Number

Birth Date

Male Female Single Married

Minor's Name (first, middle initial, last)

Citizenship (if other than U.S.)

Minor's Social Security Number

Birth Date

Male Female

Under the _____ Uniform Gift/Transfer to Minors Act
State (where minor resides)

- Trust***

Legal Name of Trust

Taxpayer ID Number

Establishment Date of Trust

Trustee's Name (first, middle initial, last)

Citizenship (if other than U.S.)

Trustee's Social Security Number

Birth Date

Male Female Single Married

Co-Trustee's Name, if any (first, middle initial, last)

Citizenship (if other than U.S.)

Co-Trustee's Social Security Number

Birth Date

Male Female Single Married

* Trusts must provide evidence of existence, 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 application.
Please attach required documentation to this application.

1. Account Registration *(continued)*

Legal Entity**

Type A: Federal or State Government Entity or Department Omnibus

Type B: Unincorporated Clubs Not for Profit, 501c Registered C Corp S Corp Partnership
 LLC taxed as (choose one): Partnership C Corp S Corp

PLEASE NOTE YOU ARE ALSO REQUIRED TO COMPLETE THE BMO FUNDS CHANGE OF BENEFICIAL OWNER FOR LEGAL ENTITY FORM, FAILURE TO COMPLETE THIS FORM WILL DELAY YOUR ACCOUNT BEING OPENED.

Legal Name of Entity

Taxpayer ID Number

Name of Authorized Party *(first, middle initial, last)*

Citizenship *(if other than U.S.)*

Male Female

Authorized Party's Social Security Number

Birth Date

Name of Additional Authorized Party, if any *(first, middle initial, last)*

Citizenship *(if other than U.S.)*

Male Female

Authorized Party's Social Security Number

Birth Date

** Corporations or other entities are required to furnish an authorizing resolution in addition to one of the following documents: articles of incorporation, articles of organization, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity. Failure to include this documentation may result in the delay of processing your application.
Please attach required documentation to this application.

2. 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

Email Address

Daytime Phone

Evening Phone

3. Additional Information *(not required for Entity)*

By law, the following information must be requested, but is not required to establish the account.

Employer's Name

Occupation

Street Address or P.O. Box Number

City

State

Zip Code

Joint Owner's Employer's Name

Occupation

Street Address or P.O. Box Number

City

State

Zip Code

Please check here if you are employed by or associated with a member of FINRA.

4. Investment Selection

(\$5,000 minimum)

BMO LGM Frontier Markets Equity Fund

\$ _____

5. Method of Investing

- Check payable to BMO LGM Frontier Markets Equity Fund
Redemption proceeds from fund shares purchased by check may not be available for a period of seven days.
- By Wire
For wire instructions, call BMO Funds U.S. Services at 1-800-236-3863

6. Dividend and Capital Gains Payment Option

Both income dividends and capital gains will automatically be reinvested in additional shares unless you choose otherwise:

- Pay income dividends by check
- Pay income dividends by ACH*
- Pay income dividends by wire*
- Pay capital gains by check
- Pay capital gains by ACH*
- Pay capital gains by wire*

* Complete Section 8: Bank Account Information

7. Telephone Transaction Privileges

You will automatically have the convenience of facilitating transactions via Telephone Authorization unless you check below. If bank information is provided in Section 8, you will have the convenience of purchases through the Automated Clearing House (ACH) system (\$100 minimum purchase).

- I do NOT want Telephone Purchase Privileges

8. Bank Account Information

Bank Name _____ Bank Routing Number _____

Bank Address _____ Phone Number _____

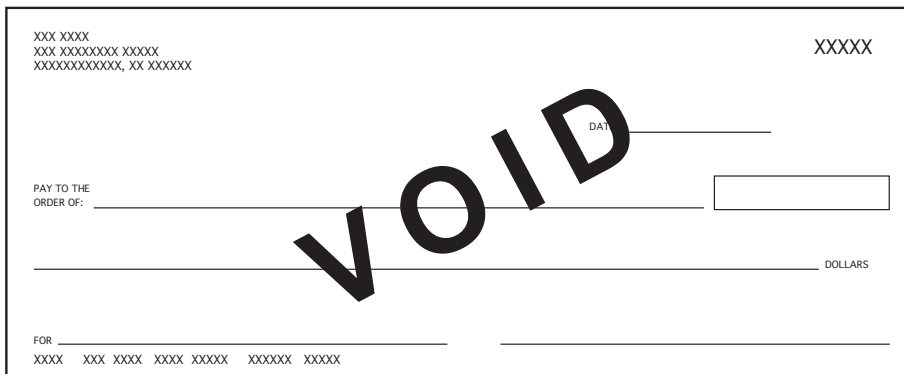
City _____ State _____ Zip Code _____

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.



9. Cost Basis

BMO Funds has elected Average Cost as our default cost basis method. If you would like to elect an alternate cost basis methodology, please complete the Cost Basis Election Form and attach to this application.

10. Additional Mail

To have additional copies of your account statements sent to interested parties, please complete this section. If necessary, attach an additional signed sheet with the same information included.

Interested Party

Mailing Address

City

State

Zip Code

11. Signature

By signing this new account application below, I (the Account Owner or an authorized agent of the Account Owner) agree that I:

- Have received and read the BMO Funds Privacy Policy and the prospectus for each of the Funds in which I am investing and understand that the prospectus terms are incorporated into this new account application 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 that verification of the information provided in Section 8 of this application 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) established with this application 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 from my bank account in this application 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 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.

11. Signature (Continued)

• Certify under penalties of perjury that:

- (1) The number shown on this application 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
- (3) I am a U.S. person (including a U.S. resident alien).
- (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.

- Shares of the BMO Funds are not deposits or obligations of, nor guaranteed by, BMO Harris Bank N.A. or any other banking institution; nor are they insured by the Federal Deposit Insurance Corporation ("FDIC") or any other government agency. These shares involve investment risks, including the possible loss of the principal invested.

Signature of Owner, Custodian, Trustee or Authorized Party

Date

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

Date

For Dealer Use Only

Dealer Number

Location Number

Representative Name / Number

12. Mailing Information

Please send completed application to:

Regular Mail:

State Street Corporation
Transfer Agency
Box 5493
Boston MA 02206

Overnight Mail:

State Street Corporation
Transfer Agency
1 Heritage Drive
MAILSTOP: OHD0100
North Quincy, MA 02171

FACTS**WHAT DO BMO FUNDS, INC. & BMO LGM FRONTIER MARKETS EQUITY FUND (TOGETHER, THE “FUNDS”) DO WITH YOUR PERSONAL INFORMATION?****Why?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security Number and Bank Account Numbers
- Assets and Income
- Account Balances and Account Transactions
- Specific Investment Experience

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons the Funds choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Do the Funds share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We do not share
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We do not share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We do not share

To limit our sharing

Call Toll-Free: 1-800-236-FUND (3863)

Please note: If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.

Questions?

Call Toll-Free: 1-800-236-FUND (3863) or go to www.bmofundus.com

What we do	
How do the Funds protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How do the Funds collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • Open an account or direct us to buy/sell your securities • Provide account information or give us your contact information • Seek advice about your investments <p>We also collect your personal information from others, such as your financial representative, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes—information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. See below for more information on your rights under state laws.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account—unless you tell us otherwise.

Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial or non-financial companies.</p> <ul style="list-style-type: none"> • Our affiliates include financial companies with a Bank of Montreal or BMO name; and financial companies such as BMO Harris Bank N.A.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • The Funds do not share with nonaffiliates so they can market to you.
Joint Marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • The Funds do not jointly market.

Other important information

	<p>Important Information for California and Vermont Residents: As long as you remain a resident of California or Vermont, we will not share within the BMO family of companies certain information (other than information about our transactions and experiences with you) from your account applications or information we receive from third parties without your authorization. To authorize the sharing of this information within the BMO family of companies, please contact us (see "Questions?" section).</p> <p>Nevada Residents: Notice provided pursuant to state law. To be placed on our internal Do Not Call List, call 1-888-654-0063. For more on this Nevada law, contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101. Phone number: (702)486-3132; email: BCPINFO@ag.state.nv.us.</p>
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