

Client Information (Please Print):

BMO Nesbitt Burns
Client Name: _____

BMO Nesbitt Burns
Account Number: _____ (one investment account number per form)

Investment Advisor Name _____ Branch _____ Sales Assistant Name _____ Sales Assistant Phone Number _____

Section A: Request – To Add, Change or Replace (check one)

Add new EFT setup Delete and replace existing EFT setup Update Maximum Amount - Indicate new amount and proceed to Section E

Internal use only – specify RIS EFT row:

Section B: Financial Institution Information – I/we will attach (check one):

A personalized CAD\$ cheque drawn on a financial institution in Canada marked "VOID" across the cheque.

A bank document such as verification letter or bank statement from my/our financial institution that includes the Financial Institution name, branch transit number and address, bank account name and bank account number.

Section C: EFT Service – I/we want to transfer CAD funds between my/our bank account and my/our BMO NB investment account as follows:
Please select transaction(s) based on the type of above BMO NB investment account. For RIF/LIF/LRIF payments, use form F80230 / F80231.

| | | |
|---|--|--|
| Payments from Non-Registered Account | Deposits to Non-Registered Account* | Deposits to IPP Account* and complete A10060 |
| Dividend/Interest Payments from Non-Registered Type 3 | Regular Contributions to RRSP Account* | Administration Fee Payment to a registered account (RRSP, LIRA, TFSA, RESP, IPP, RIF, LIF, LRIF) |
| De-Registrations from RRSP Account | Spousal Contributions to RRSP Account* | |
| Withdrawals from TFSA | Contributions to TFSA* | *Complete Section D |

Section D: Inbound EFT Service – I/we want to deposit / contribute to my/our BMO NB investment account as follows:

| | | | | |
|-------------------|---|-----------------------|--|----------------------------------|
| Start Date: _____ | Recurring Deposit or Contribution Amount: _____ (\$50.00 minimum) | Maximum Amount: _____ | Deposit Type for Non-Registered: _____ | Cash - Type 1 Margin - Type 2 |
|-------------------|---|-----------------------|--|----------------------------------|

Frequency option for deposits or contributions:

Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Semi-Annually Annually On-Demand

Section E: Client Acknowledgement – By signing, I/we declare that I/we agree to the following terms:

- I/we warrant and guarantee that all persons whose signatures are required to sign on the BMO Nesbitt Burns Inc ("BMO NB") account and the financial institution account have signed below.
- I/we authorize "BMO NB" to process electronic fund transfers between my/our investment account and my/our bank account designated above.
- I/we will submit a new enrollment form if I/we wish to update my/our existing banking arrangements.
- I/we may revoke my/our authorization at any time to cancel this agreement, subject to providing 10 days notice to "BMO NB".
- I/we direct "BMO NB" to act on any verbal instructions I/we give changing the instructions as to the amount, frequency, or participation in the EFT services ("Instructions"). BMO NB shall be entitled to consider the Instructions to be of the same force and effect as written instructions from me and shall be under no obligation to verify the Instructions. I/we hereby release BMO NB from all liability and indemnify it from all costs and damages whatsoever in any way relating to or arising from any action taken or not taken in relation to the agreement.
- I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorised or is not consistent with this agreement. To obtain more information on my/our recourse rights and cancellation of this agreement, I/we may contact my/our financial institution or visit www.cdnipay.ca.

_____ **Client signature** _____ **Co-Applicant(s) signature(s)** _____ **Date (DD-MMM-YYYY)**

Additional Bank Account Holders Acknowledgement - Only required if the Bank Account Holders are different from the above BMO Nesbitt Burns Client(s) and/or if their authorization is required to sign on the bank account.

_____ **Additional Bank Account Holder(s) signature(s)** _____ **Date (DD-MMM-YYYY)**

For questions, please contact BMO Nesbitt Burns Inc. by:
Mail: BMO Nesbitt Burns Inc., Attn: Banking Services,
 12th floor, 250 Yonge St., Toronto, ON, M5B 2M8
Phone: Client Information Centre (toll free) 1-888-769-4444 /
 (local) 416-594-5920

Internal Use by Banking Services

| | | |
|-------------------------|--------------------------|-----------------|
| _____ Inputted by _____ | _____ Verified by: _____ | _____ TPI _____ |
| _____ Input Date _____ | _____ Verify Date _____ | _____ Row _____ |