BMO InvestorLine®

Making money make sense™

Please print clearly.

To: BMO InvestorLine
From:

Last Name	First Name	Int.
Home Address (number, street)		Suite No.
City or Town	Prov.	Postal Code

Account Number 1 ☐☐☐☐☐☐☐☐☐☐

Account Number 2 ☐☐☐☐☐☐☐☐☐

PART 1

Sharing of Personal Information within BMO Financial Group

☐ I/We request that my name be **added to** the shared information list held by BMO InvestorLine. I/We understand that this means I/we am opting-in to having BMO InvestorLine provide my personal information to other members of BMO Financial Group.

☐ I/We request that my name be **removed from** the shared information list held by BMO InvestorLine. I/We understand that this means I/we am opting-out of having BMO InvestorLine provide my personal information to other members of BMO Financial Group.

I acknowledge that I cannot opt out of having my personal information provided to relevant members of BMO Financial Group, where I have requested a product or service that is offered jointly by BMO InvestorLine and other member(s) of BMO Financial Group.

PART 2

Direct Marketing

☐ I request that my name be **added to** the direct marketing list held by BMO InvestorLine.

☐ I request that my name be **removed from** the direct marketing list held by BMO InvestorLine.

Direct marketing does not include information:
· Enclosed with or on your monthly or quarterly statement
· Posted online on our web site or electronic bulletin boards
· Conveyed to you in person by us

PART 3

Use of Social Insurance Number (SIN)

☐ I request that my SIN **not be used** for administrative purposes within BMO InvestorLine's internal electronic systems for activities, such as statement processing.

I understand that I cannot opt out of having BMO InvestorLine use my SIN for income tax reporting purposes.

SIGNATURE

Applicant Signature _____ Date YYYY/MM/DD _____

Co-applicant's Signature (if applicable) _____ Date YYYY/MM/DD _____