

NEW/EXISTING ACCOUNT APPLICATION **BMO DISABILITY SAVINGS PLAN (DSP)**

Specimen Plan Number RDSP 2-527-001

RISR

Transit

Account No.

Mandatory

Account Effective Date

Harry  
Accountholder Last Name

Tom  
Accountholder First Name

**1 ACCOUNT TYPE**

New  Existing  Transfer from another RDSP account

**2 ACCOUNTHOLDER(S) DETAILS (COMPLETE FOR NEW ACCOUNT ONLY)**

Contributions cannot be made after the calendar year in which the Beneficiary turns 59 years of age.

Accountholder 1 Details:  Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_ Gender:  Male  Female

Harry  
Last Name

Tom  
First Name

Or

Public Department, Agency or Institution (if applicable)

Contact name of the Public Department, Agency or Institution (if applicable)

1234 Broadway  
Accountholder Primary Address

Vancouver  
City

BC V3N1C2  
Province Postal Code

604 123-4567  
Telephone Number (Residence)

604 456-7890  
Telephone Number (Business)

Accountholder Mailing Address (if applicable)

01011965 0000000001  
City Birth Date\* S.I.N.

Province Postal Code Country (if not Canada)

Birth Date\*

S.I.N.

B.N. (if applicable)

Office manager  
Occupation

Earnings  
Source of Wealth (See Branch Instruction Sheet for details)

\*Mandatory for Accountholder who is not a Public Department, Agency of Institution.

Accountholder 2 Details:  Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_ Gender:  Male  Female

Harry  
Last Name

Tina  
First Name

1234 Broadway  
Accountholder Primary Address

Vancouver  
City

BC V3N1C2  
Province Postal Code

604 123-4567  
Telephone Number (Residence)

Telephone Number (Business)

Trade-mark of Bank of Montreal. Registered trade-mark of Bank of Montreal.

## 2 ACCOUNTHOLDER(S) DETAILS (CONT'D)

Accountholder Mailing Address (if applicable)

City

01011966 000000003

Birth Date

S.I.N.

House person  
Occupation

Province

Postal Code

Country (if not Canada)

B.N. (if applicable)

Family assets  
Source of Wealth (See Branch Instruction Sheet for details)

If not already captured on Customer Profile, obtain two pieces of identification for each person authorized to give instructions on this account.

Accountholder 1

BC Drivers Lic. BC Care Card  
ID Type

1234567

ID No.

BC Canada  
Place of Issue

BC Care Card  
ID Type

ID No.

BC  
Place of Issue

Accountholder 2

BC ID Card  
ID Type

2345678

ID No.

BC  
Place of Issue

BC Care Card  
ID Type

ID No.

BC  
Place of Issue

Please attach additional pages in case of a third Accountholder.

Complete for Residents of Quebec Only (Reference Policy Statement Q9, Quebec Securities regulations)

Employer's Name

Type of Business

Employer's Address

Occupation

How did you hear of us?

Bank Account #

For Accountholders, other than the Beneficiary, please answer the following:

Are you a legal parent of the Beneficiary?

Accountholder 1

Yes  No

Accountholder 2

Yes  No

Are you a guardian, tutor, curator or other individual who is legally authorized to act on behalf of the Beneficiary?

Yes  No

Yes  No

Are you a public department, agency, or institution that is legally authorized to act on behalf of the Beneficiary?

Yes  No

Yes  No

## 3 BENEFICIARY DETAILS

Todd  
Beneficiary First Name

Harry  
Beneficiary Last Name\*

1234 Broadway  
Beneficiary Address

Vancouver  
City

604 123-4567  
Telephone Number (Residence)

Tom Harry  
Contact Person (if other than the Beneficiary)

BC V3M1C2  
Province Postal Code

Telephone Number (Business)

604 123-4567  
Telephone Number (Contact Person)

Canadian Resident:  Yes  No (Mandatory)

Beneficiary Gender:  Male  Female

Beneficiary Language Preference:  English  French

000 000 002 01011990  
Beneficiary S.I.N. Beneficiary Birth Date

\*Must match name on S.I.N. Card



**4 PRIMARY CAREGIVER (PCG)** (complete only if the Beneficiary is under age 18)

Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_ Gender:  Male  Female

Last Name: Harry First Name: Tina

Or

Public Department, Agency or Institution (if applicable)

PCG S.I.N. \_\_\_\_\_ PCG. B.N. (if applicable) \_\_\_\_\_

Telephone Number (Business) \_\_\_\_\_

**Certification of Primary Caregiver**

As the Primary Caregiver of the Beneficiary, I, Tina Harry (Name of Primary Caregiver) certify that the information I have provided is, to the best of my knowledge, correct and complete.

I agree that this information may be used by the Government of Canada to validate the Beneficiary's information and DTC-eligibility.  
Signature of Primary Caregiver: [Signature] Date: 01/01/2009

**5 YOUR INVESTMENT OBJECTIVES (COMPLETE FOR ALL PURCHASES)**

This information will help us ensure that you (the Accountholder) have chosen an appropriate investment option for your needs. Provincial securities laws mandate that we obtain this information and keep it up-to-date for all purchasers of investment products. Accountholder confirms that the primary objectives stated below are for the account and agree with his/her own personal objectives.

Existing investment objectives still valid, as per previous DSP purchase (proceed to Section 6)

Primary Objectives*	High	Medium	Low	Time Horizon	Individual Income (000's)	Personal Net Worth (000's)
Security of Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S <input type="checkbox"/> Short Term (less than 2 years)	A <input type="checkbox"/> Under \$20	A <input type="checkbox"/> Under \$25
Income/Balanced	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	M <input type="checkbox"/> Medium Term (2 - 10 years)	B <input type="checkbox"/> \$20 - \$49	B <input type="checkbox"/> \$25 - \$49
Long Term Growth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L <input type="checkbox"/> Long Term (Over 10 years)	C <input checked="" type="checkbox"/> \$50 - \$100	C <input type="checkbox"/> \$50 - \$100
Risk Tolerance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		D <input type="checkbox"/> Over \$100	D <input checked="" type="checkbox"/> Over \$100

Do you own other funds?  Yes  No  
If yes, describe type (eg. Equity, Fixed Income, Security) Balanced Mutual Funds  
Investment Knowledge: N  Nil F  Fair G  Good E  Excellent

\*For complete details on your Primary Objectives and Risk Tolerance, refer to the Terms and Conditions.

**6 SOURCE OF FUNDS (SELECT ONE ONLY)** (used for internal purposes)

Internal:  PRS  Everyday Banking Account  Term  Mutual Funds  Partner  Or External:  Cheque  External Financial Institution

**10 PLEASE READ CAREFULLY AND SIGN BELOW**

**Certification of Accountholder**

As the Accountholder(s) of the disability savings plan,

I/We certify that the information given on this form is, to the best of my/our knowledge, correct and complete.

I/We certify that BMO Trust Company has been asked to submit the BMO Disability Savings Plan to the Government of Canada as a "registered disability savings plan" in accordance with section 146.4 of the Income Tax Act.

I/We understand that contributions can only be made to the registered disability savings plan by the Accountholder(s), unless the Accountholder(s) provides the Issuer with written consent authorizing another entity to contribute in accordance with paragraph 146.4(4)(h) of the Income Tax Act.

I/We agree to notify the Issuer in the event that the Beneficiary is residing outside of Canada.

I/We understand that the Accountholders are jointly liable with the Beneficiary (or the Beneficiary's estate) for taxes arising in connection with the deregistration of a non-compliant plan.

I/We understand that the information gathered on this form will be shared with both the Department of Human Resources and Skills Development Canada and the Canada Revenue Agency for the purposes of administering the registered disability savings plan program and the validation of Beneficiary and accountholder information.

I/We understand that the Canada Revenue Agency will use the information on this form to validate the Beneficiary's residency and disability tax credit eligibility and that these validations will be shared with the Issuer.

I acknowledge receipt of the Simplified Prospectus for the BMO Fund(s) to which my investment is directed. I also acknowledge having read, understood and agreed to all the Terms and Conditions on this form.

Registered salespersons of BMO Investments Inc. are also employees of Bank of Montreal and may offer products and services such as deposit, mortgage, loan and insurance on behalf of Bank of Montreal. Such products and services are the responsibility and business of Bank of Montreal and are not related to BMO Investments Inc.

**Third Party Interest:** I confirm that this account is not to be used by or on behalf of one or more third parties.

**Protecting Your Privacy:** You acknowledge that you have read and understood the Privacy Disclosure and Consent provisions stated in the Terms and Conditions. By ticking the box below, you agree that your personal information may only be shared in accordance with these provisions and our Privacy Code. For complete details on our commitment to privacy, please see Terms and Conditions and our Privacy Code called "BMO Privacy Code" available from your representative or online at [www.bmo.com/privacy](http://www.bmo.com/privacy).

I/We agree

**Nature of the Securities:** BMO Mutual Funds are offered by BMO Investments Inc., a financial services firm and separate legal entity from Bank of Montreal. Commissions, trailing commissions, management fees and expenses may be associated with mutual fund investments and the use of an asset allocation service.

Please read the prospectus before investing. Mutual funds are not guaranteed, their values change frequently and past performance may not be repeated. Fund units are not insured by a government deposit insurer and are not guaranteed by Bank of Montreal.

By ticking this box, I confirm that I have read the disclosure on the Nature of the Securities provided above.

**The following clause applies to the Province of Quebec only.**

It is the express wish of the parties that this agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

  
Accountholder 1's Signature

01012009  
Date

  
Accountholder 2's Signature

01012009  
Date

\_\_\_\_\_  
Salesperson's Name

\_\_\_\_\_  
Salesperson's Telephone

\_\_\_\_\_  
Salesperson's Signature  
(Accepted by BMO Investments Inc., on its own behalf or as agent for BMO Trust Company)

\_\_\_\_\_  
Date

Received after 4 pm ET for BMO Mutual Funds/Portfolios and/or 3 pm ET for CustomSelect/Non-Proprietary Funds.

\_\_\_\_\_  
Branch Compliance Officer's Signature (approved)

\_\_\_\_\_  
Date