Bank of Montreal



9th Floor, 100 University Avenue Toronto, Ontario M5J 2Y1 Telephone Canada 1-800-340-5021 Outside Canada 514-982-7800

www.computershare.com Holder Account Number Use a <u>black</u> or <u>blue</u> pen. Print in $|\mathsf{X}|$ ABC 1 2 3 CAPITAL letters inside the grey areas as shown in this example. Please complete the information fields below (print clearly) in full Registered Name in which account is held (eg. John Smith) Street Number Street Name Apt. City Prov. / State Postal / Zip Code

Reinvestment Enrollment - Participant Declaration Form

The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) and the Regulations made thereunder (collectively, the "Act") require that Computershare Trust Company of Canada collect and record specified information on accounts it opens for individuals or entities under a Plan.

Please read Instructions below before completing the Reinvestment Enrollment - Participant Declaration Form on the reverse.

INSTRUCTIONS

In order that Computershare may comply with its legal obligations under the Act, this declaration and enrollment form must be completed in full and signed by all registered holder(s). Otherwise Computershare cannot process your enrollment.

Part A - PARTICIPANT DECLARATION

If a plan account is registered to:

- 1) an individual account holder or more than one holder each individual must complete their Date of Birth and Principal Business or Occupation.
- 2) a Corporation it <u>must</u> mail or hand-deliver this declaration and enrollment form along with a copy of its official corporate records relating to the authority to operate this account. Neither Date of Birth nor Principal Business or Occupation is required to be completed. Mark the applicable account holder status box.
- 3) a Trust, Partnership, or an unincorporated Fund or Organization Complete the field for Principal Business or Occupation. Date of Birth is not required to be completed. Mark the applicable account holder status box.

As space on the front of this form is limited to 2 holder declarations and signatures, photocopies of this form may be made if required.

Part B - THIRD PARTY DETERMINATION

In order that Computershare may comply with its legal obligations under the Act, you must check one of the two boxes provided with regard to any third party interest in the account, and fill in the additional fields if required, including a description of the relationship. For example, are you an agent, custodian, attorney, or legal guardian, or otherwise holding the account on behalf of a spouse, relative, business partner or friend?

Part C - ENROLLMENT PARTICIPATION

This section must be completed to process your request for enrollment.

Pagistara	d Nama in which account is h		.hn Cmith)							
Registered	d Name in which account is h	ela (e.g. Ju	onn Smith)							
										BMOQ
Reinv	estment Enrollr	nent -	Particip	ant Declaratio	n Form					
	RTICIPANT DECLAR									
I/We	e, the account holder(s) name	d above, h	ereby certify as							
1) D	ate of Birth: Day	Month	Year	Principal Busines	s or Occupation:	(e.ç	g. cashier,	student, re	tired, accountir	g firm)
2) D	ate of Birth:	Marith	- V	Principal Busines	s or Occupation:		1.1	-1-11	Condition Condition	- C
	Day	Month	Year		f annila ablah	(e.ç	g. cashier,	student, re	tired, accountir	ig firm)
and	that the account holder is (CI	neck the a	ppropriate acc	ount noider status box, i	т аррисавіе):					
	a Corporation, Trust, Partnersi (Required documents enclo			nd or Organization		Financial Entity or Section B below. (Pro			exempt from Th	rd Party Determination in
B – THI	RD PARTY DETERM	IINATIO	N – Check on	e of the two boxes below	. If the second	box is marked, yo	ou must pr	ovide the	information	
	This account is not intended to be used by, or on behalf of, a 3rd party.		This account is intended to be used by, or on behalf of, a 3rd party and I have completed the required information fields below.							
		I	Name of 3rd party:							
			Address of 3rd party:							
		I	Date of Birth of 3rd party (if an individual):							
		I	Nature of Principal Business or Occupation of 3rd party:							
			If 3rd party is a Corporation, provide incorporation number and place of issue:							
		I	Describe relationship between account holder and 3rd party, in respect of the account:							
C – ENI	ROLLMENT PARTIC	IPATION	N							
	Full Reinvestment Please mark this box if you be reinvested.	lease mark this box if you wish to participate in Full reinvestment. All dividends/distributions payable on all eligible holdings now held and any future holdings in this account will								
	Please mark this box if you	ptional Cash Payments Only – To select this option, see important note below. lease mark this box if you wish to continue to receive cash dividends/distributions on all shares/units held in certificated form and to participate in the plan by making optional cash ayments. New shares/units purchased with your payments will be held in the plan and the dividends/distributions on these shares/units will be reinvested.								
Important instructions	Note: In order to make an o s provided in the Optional Ca	ptional cas sh Purchas	sh contribution, se/Payment – Pa	your account must first co articipant Declaration Forn	omply with Feder n and comply as	al Anti-Money Laui applicable.	ndering an	d Terrorist	Financing Leg	islation. Please review the
that partici the terms	ating in the plan, I/we confirm pation in the plan will continu and conditions of the prospe t – Participation Declaration for	e until I/we ctus or bro	notify Compute	rshare in writing that I/we	desire to termina	e participation. I/W	Ve acknowl	edge that	withdrawals fro	m the plan will be subject to
	d, this form must be signed distribution payments in ca		istered accoun	t holder(s) or applicable	authorized indi	vidual(s). If you d	o not sign	and retu	rn this form, yo	ou will continue to receive
Signature 1 - Please keep signature within the box				Signature 2 - Please kee	p signature within	the box		Day	Month	Year
] [

Privacy Notice

Computershare is committed to protecting individuals' personal information. In the course of providing our services, we receive non-public personal information - from transactions we perform for investors, forms sent to us, other communications we have with investors or representatives, etc. This information could include name, address, social insurance number, social security number, securities holdings and other financial information. We use this to administer investor accounts, to better serve investors' and clients' needs and for other lawful purposes relating to our services. We have prepared a Privacy Code to tell you more about our information practices and how personal information is protected. It is available at our website, www.computershare.com, or by writing us at 100 University Avenue, Toronto, Ontario, M5J 2Y1.

Please return completed form to:

Computershare, 9th Floor, 100 University Ave, Toronto Ontario M5J 2Y1

Bank of Montreal



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Use a <u>black</u> or <u>blue</u> pen. Print in	Holder Account Number www.computersnare.com							
CAPITAL letters inside the grey areas as shown in this example.								
Please complete the information fields below (print clearly) in full								
Registered Name in which account is held (eg. John Smith)								
20 111 1								
Apt. Street Number Street Name								
Apt. Street Number Street Name								
Apt. Street Number Street Name City	Prov. / State Postal / Zip Code							

Optional Cash Purchase (OCP) - Participant Declaration Form (US/International Residents)

The *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) and the Regulations made thereunder (collectively, the "Act") require that Computershare collect and record specified information and take other compliance measures on new or existing participants who elect to purchase additional securities under the reinvestment plan. Please read the instructions below before completing the form on the reverse.

INSTRUCTIONS

The Act requires Computershare to verify the identity of plan account holders or their representative. Please complete this form in FULL if you are making an OCP AND have not previously submitted an OCP Declaration for this account. Arrange for completion of the enclosed AGENT/MANDATARY CERTIFICATION form by a lawyer, an accountant or an authorized bank officer at a reputable and internationally known firm/bank. The agent/mandatary must verify your original identity documentation such as a birth certificate, passport or driver license and duly complete and sign both the form and a legible photocopy of the ID. Once completed, please mail the Participant Declaration form, Agent/Mandatary Certification form and photocopied ID along with your valid optional cash payment(s) (Note: no cash, money order, bank drafts or wires) to our Toronto office. Once you have satisfied the requirements, Computershare will code your account as "Compliant". Further OCP's simply require a valid payment and completion of part D – OPTIONAL CASH PURCHASE only.

Part A - PARTICIPANT DECLARATION - If a plan account is registered to:

- 1) an individual over age 12 or account held in more than one name each must complete their Date of Birth and Principal Business or Occupation.
- 2) a child under age 12 complete Date of Birth and indicate "Student" or "Child" in the Principal Business or Occupation field. A Parent or Legal Guardian must write his/her Date of Birth on line 2. Mark applicable account holder status box.
 - Note: The Agent/Mandatary certification form must identify the Parent or Legal Guardian, not the child.
- 3) a Corporation, Trust, Partnership, or an unincorporated Fund or Organization This form must be completed and signed by the individual(s), not more than 3, who will be authorized to give instructions for the account. Each individual must provide their Date of Birth. Principal Business or Occupation is NOT required. As space on the front of this form is limited to 2 holder declarations and signatures, photocopies of this form may be made if required.

In addition, mark applicable account holder status box, and:

- For a Corporation, we require (i) a copy of its records relating to the authority to operate this account (e.g., excerpts of articles, by-laws and/or board resolutions); (ii) either a certificate of corporate status and a list of directors or another record that confirms its existence and includes a list of its directors (e.g., a filing under securities laws); and (iii) the occupation of each of its directors.
- For a Trust, Partnership, or an unincorporated Fund or Organization, complete Principal Business or Occupation of the entity. Also, we require a copy of its partnership agreement, articles of association or other document that evidences the entity's existence.

Part B - THIRD PARTY DETERMINATION

Check one of the two boxes provided with regard to any third party interest in the account, and fill in the additional fields if required, including a description of the relationship. For example, are you an agent, custodian, attorney, or legal guardian, or otherwise holding the account on behalf of a spouse, relative, business partner or friend?

Part C - POLITICAL PERSON DETERMINATION

Computershare is required to determine if account holders currently hold or have previously held a foreign political position or are related to a political person, past or present. You must check one of the two boxes provided and complete the additional fields if applicable.

Part D - OPTIONAL CASH PURCHASE

OCP instructions and investment details are also included on the reverse. Complete the \$ amount and ensure you have a valid payment. You must confirm your understanding of the terms and conditions of the plan. If you are an entity, you must provide certification and information regarding ownership (direct or indirect). Sign and date the form.

Optional Cash Purchase (OCP) - Participant Declaration Form (US/International Residents) Please complete the front of this form as well as the fields below. A - PARTICIPANT DECLARATION - I/We, the account holder(s) named above, hereby certify as follows: 1) Date of Birth: Principal Business or Occupation: Day Year (e.g. cashier, student, retired, accounting firm) 2) Date of Birth: Principal Business or Occupation: _ Day Month (e.g. cashier, student, retired, accounting firm) and that the account holder is (Check the appropriate account holder status box, if applicable): a Corporation, Trust, Partnership, or an unincorporated Fund or a Financial Entity or Securities dealer and is exempt from Third under age 12. A valid Agent/Mandatary Organization. (Required documents enclosed) Party Determination in Section B below. (Proceed to part C) Certification is enclosed. B - THIRD PARTY DETERMINATION - Check one of the two boxes below. If the second box is marked, you must provide the information This account is not This account is intended to be used by, or on behalf of, a 3rd party and I have completed the required information fields below. intended to be used by, or on behalf of, a 3rd Date of Birth of 3rd party (if an individual): Nature of Principal Business or Occupation of 3rd party: If 3rd party is a corporation, provide incorporation number and place of issue: Describe relationship between account holder and 3rd party, in respect of the account: C - POLITICAL PERSON DETERMINATION - Check one of the two boxes below. If the second box is marked, you must provide the information Neither I/we nor, to my knowledge, a relative* of mine, holds or has ever held any of the The left statement is NOT true. The position held by me/us or my relative is/was: following positions in or on behalf of a country other than Canada: in the country of: a head of state or government; a member of the executive council of government or member of a legislature; a deputy minister (or equivalent); an ambassador or an ambassador's attaché or counsellor; a military general (or higher rank); a president of a and the source of the funds for this OCP payment is: state owned company or bank; a head of a government agency; a judge; or a leader or president of a political party in a legislature. (Provide additional information on a separate page if required.) *Relative includes: a parent, child, spouse or common-law partner, his or her parent, brother, sister, half-brother or half-sister. **D - OPTIONAL CASH PURCHASE** Attached is/are a cheque(s) for Please make your cheque payable to Computershare. No cash, wires, money orders or bank drafts. No third party cheques will be Please ensure you adhere to the accepted until your account is compliant. Please write your Holder appropriate Plan Minimum\Maximum \$ Account Number and the Reinvestment Plan Company Name on your Please ensure your payment and form is submitted well in advance of the Optional Cash Purchase deadline for your Reinvestment Plan to allow for timely processing. Please note: No interest will be paid on the funds held pending purchase. Cheques must be current dated. Notification of receipt of cheques will not be mailed to you. CONFIRMATION and CONSENT: I/We confirm that I/we have read, fully understand and agree to be bound by the terms and conditions of the prospectus or brochure that governs the plan. I/We also confirm the completeness and accuracy of the information I/we have provided in this Optional Cash Purchase (OCP) - Participant Declaration form. Further, the signatory(ies), if signing on behalf of an entity, certify that either (i) no individuals own or control, directly or indirectly, 25% or more of the entity; or (ii) submitted with this form is a list of all individuals (with addresses and occupations) who own or control, directly or indirectly, 25% or more of the entity. To be valid, this form must be signed by all registered account holder(s) or applicable authorized individual(s). Otherwise, your OCP will not be processed and will be returned. Signature 1 - Please keep signature within the box Signature 2 - Please keep signature within the box Day Month Year

Privacy Notice

Computershare is committed to protecting individuals' personal information. In the course of providing our services, we receive non-public personal information - from transactions we perform for investors, forms sent to us, other communications we have with investors or representatives, etc. This information could include name, address, social insurance number, social security number, securities holdings and other financial information. We use this to administer investor accounts, to better serve investors' and clients' needs and for other lawful purposes relating to our services. We have prepared a Privacy Code to tell you more about our information practices and how personal information is protected. It is available at our website, www.computershare.com, or by writing us at 100 University Avenue, Toronto, Ontario. M5J 2Y1.

Please return completed form to:

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Use a <u>black</u> or <u>blue</u> pen. Print in	Holder Account Number www.computersnare.com
CAPITAL letters inside the grey areas as shown in this example.	C
Please complete the information fields below (print clearly) in full	C
Registered Name in which account is held (eg. John Smith)	
Apt. Street Number Street Name	
City	Prov. / State Postal / Zip Code
AGENT/MANDATARY CERTIFICATION	
To: Computershare Trust Company of Canada and Computershare Investigation	stor Services Inc. (collectively, "Computershare")
In the matter of:	
Registered Account Name(s):	
Account Number (i.e. C000XXXXXXXX)	
RE: Intent of above-named account holder to make Optional Cash Purch	ases towards
	(name of client/reinvestment plan).
l,	(name),
a lawyer / accountant / authorized bank officer (please circle one) with th	e firm/bank of, have agreed to
act as agent or mandatary for Computershare solely for the purpose of e	enabling it to comply with its client identification obligations under Canadian federal law,
specifically the Proceeds of Crime (Money Laundering) and Terrorist Finan	cing Regulations.
I hereby certify that I have referred to the original: (please check applicable box	()
birth certificate; or	
passport; or	
driver's license; or	
other government-issued identity document,	(please specify);
of	(name of accountholder or authorized individual), an individual.
I further certify that the reference number recorded upon such indicated id identity document is recorded thereon as	entity document is, the place of issuance of such
Dated this day of , 20 .	

Signature