

Please send signed original to:

Administrative and Services Office 250 Yonge Street, 9th Floor, Toronto, ON M5B 2M8

Tel: 1-855-639-3867 • Fax: 1-855-747-5613

Email: ClientServices.BMOLifeGIF@bmo.com

In this form, the terms "you" and "your" refer to the Policyowner and Joint Owner (if applicable). The "Company" or "BMO Insurance" refer to BMO Life Assurance Company.

LIMITED TRADING AUTHORIZATION - BMO GUARANTEED INVESTMENT FUNDS

Se	ction 1: Policyowner Information					
Ро	licy Number:					
Ро	licyowner Name (Last, First, Initial)	Jo	int Owner Name (Last, First, Initi	al)		
Street Address			City	Province	Postal Code	
Se	ction 2: Type of transactions			1	1	
be up the cc ob of	brough the use of this Limited Trading Authorization for Segregated Fullow (the "Advisor") to instruct BMO Insurance on your behalf to process to but not including \$100,000 for deposit directly into your bank accobe frequency, date and amount but not including banking information (anducting discretionary trading on your behalf, that is, providing the Cotaining your prior specific authorization, and nothing in this form gives this Trading Authorization and sign the acknowledgement where indicated ay not be acted on.	ss: oun (the om the	(a) additional deposits; (b t; and (d) changes to an e e "Permitted Transactions pany with any such instr Advisor that authority. Yo) fund switches; (c) with existing Pre-Authorized I s"). However, the Adviso uctions on your behalf w u are required to read the	drawals for amounts Debit plan, including or is prohibited fron vithout in each case e General Provisions	
Se	ction 3: Policy Owner Authorization					
1.	(Name of Advisor)	uthorize as your Advisor to give written instructions to the Company on your behalf and (Name of Advisor) n any relevant documents associated with the Permitted Transactions in accordance with your specific instructions for each transaction.				
	You acknowledge that on receipt by the Company of the original of this Trading Authorization, the Company may rely on this Trading Authorization to carry out any Permitted Transaction requests on your behalf. You will pay any applicable fees or charges payable to the Company as a result of those transactions. You further acknowledge that in providing instructions to the Advisor and the Company pursuan to this Trading Authorization, you have the same rights and obligations as you would have had, had you directly provided written instructions to the Advisor or the Company. You hereby agree to indemnify and hold harmless the Company from and against any claims, demands o actions that might be made by you or your heirs, executors and/or administrators as a result of the Company acting on instructions provided pursuant to this Trading Authorization.					
3.	This Trading Authorization is valid until it expires or until you revoke Provisions.	it iı	n writing addressed to the	e Company in accordar	ice with the Genera	
4.	nis Trading Authorization is not intended to be a continuing power of attorney for property ("CPOA") within the meaning of and governed the Substitute Decisions Act (Ontario), or any similar power of attorney under equivalent legislation in any of the provinces or territories Canada. The execution of this Trading Authorization shall not terminate any such CPOA granted by you previously and shall not be rminated by the execution by you in the future of a CPOA.					
5.	Unless otherwise specifically provided, this Trading Authorization is no by you to anyone other than to the Advisor in respect of your BMO I				r of attorney granted	
6.	Unless revoked or expired, this Trading Authorization is authorized f policies operated in your name with the Company.	or	use with respect to all cu	urrent and future individ	ual segregated fund	
	By signing below, you acknowledge that you have read, und Trading Authorization and the General Provisions listed below		stand and accept the	above terms and co	nditions of this	
	Dated at	_	this day of		_ , 20	
	Signature of Policyowner					
,	Signature of Joint Owner					
,	Signature of Policyowner Witness					

Section 4: Advisor Acknowledgement

, the advisor for the above listed policy, acknowledge that I have reviewed this Limited ling Authorization and the General Provisions with the Policyowner. I further acknowledge that the only transactions specifically authorized he Policyowner under this Trading Authorization may be carried out on behalf of the Policyowner. ree to act in compliance with the terms of this Limited Trading Authorization. I undertake to fully indemnify and make the Company whole hold it harmless in the event of non-compliance with this Trading Authorization on my part.					
Signature of Advisor	Advisor rep code	Date (dd/mmm/yyyy)			

GENERAL PROVISONS

Before granting this Trading Authorization, you should consider the following:

- 1. When you sign this Trading Authorization, you are authorizing the Advisor you named on this form to transact the permitted transactions (a) through (d) set out in Section 2 of this form, in accordance with your specific instructions.
- 2. This Trading Authorization allows the Advisor to instruct the Company with respect to the Permitted Transactions on your behalf. The Advisor may only act on a specific instruction given by you for each transaction and is required to retain your instructions for each transaction on his/her records. The Company can rely on this Trading Authorization and assume that the Advisor named on this form is acting on your behalf and has the proper authority to do so.
- 3. Please keep a record of all instructions you give the Advisor. Please also check your confirmations to ensure that the transactions correspond to your instructions. Contact the Advisor if you have any questions.
- 4. The Advisor will go over this entire form with you before you sign it and answer any questions you many have.
- 5. Please review with your Advisor the impact that withdrawals may have, namely that withdrawals: i) may be subject to short-term trading fees and/or deferred sales charges; ii) will proportionately reduce both your maturity and death benefit guarantees; and iii) may result in a capital gain or loss as it creates a taxable disposition.
- 6. This Trading Authorization may be revoked on receipt of any new power of attorney in respect for your segregated fund contract(s), executed by you after the signing of this Trading Authorization.
- 7. You may revoke this Trading Authorization on written notice to BMO Insurance, Administrative and Services Office, at 250 Yonge Street, 9th Floor, Toronto, Ontario M5B 2M8.
- 8. This Trading Authorization will expire immediately on the Company having received any of: notice of your death; written notice to or receipt of evidence by the Company of your mental incapacity or bankruptcy; a change in the Advisor named on this form; the bankruptcy of the Advisor; or the execution of a new Trading Authorization.
- 9. Unless it has expired or is revoked by you in writing as per 7 above, this Trading Authorization is authorized for use with respect to all current and future individual segregated fund policies operated in your name with the Company.
- 10. This Trading Authorization supersedes and replaces any other Trading Authorization, limited power of attorney or power of attorney you have previously granted to the Advisor with respect to your segregated fund contract(s) held with the Company. Unless otherwise specified, this trading Authorization DOES NOT supersede or replace any other power of attorney you may have granted to someone other than the Advisor.
- 11. The Company, in its sole discretion, may refuse to accept or process transactions under this Trading Authorization.
- 12. Unless otherwise stated, capitalized terms used in these General Provisions have the meanings defined in this Trading Authorization.
- 13. This Trading Authorization does not apply and cannot be used in relation to policies that contain an irrevocable beneficiary and any other types of policies we may designate from time to time.

The Advisor will retain a copy of the Limited Trading Authorization and will forward the original to the Company.