

BMO FUNDS NEW ACCOUNT APPLICATION INVESTOR CLASS OF SHARES (CLASS Y)

For help with this application, or for more information, call us toll-free at 1-800-236-FUND(3863) or 414-287-8555.

IMPORTANT: Please be sure to complete ALL PAGES of this application. DO NOT USE THIS APPLICATION TO OPEN AN IRA OR OTHER BMO FUNDS RETIREMENT PLAN. The USA Patriot Act requires us to obtain, verify and record information that identifies each person who opens an account. Failure to provide required information may result in processing delays. Additional documentation may be requested. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs.

1. Account Registration

- Individual or Joint Account** **Individual TOD or Joint TOD** (complete separate TOD agreement)
Joint accounts will be registered joint tenants with the right of survivorship unless otherwise indicated.

Owner's Name (first, middle initial, last)

Citizenship (if other than U.S.)

Owner's Social Security Number

Birth Date

Male Female Single Married

Joint Owner's Name (first, middle initial, last)

Citizenship (if other than U.S.)

Joint Owner's Social Security Number

Birth Date

Male Female Single Married

- Uniform Transfer to Minor Act (UTMA)**

Custodian's Name (first, middle initial, last)

Citizenship (if other than U.S.)

Custodian's Social Security Number

Birth Date

Male Female Single Married

Minor's Name (first, middle initial, last)

Citizenship (if other than U.S.)

Minor's Social Security Number

Birth Date

Male Female

Under the _____ Uniform Gift/Transfer to Minors Act
State (where minor resides)

- Trust***

Legal Name of Trust

Taxpayer ID Number

Establishment Date of Trust

Trustee's Name (first, middle initial, last)

Citizenship (if other than U.S.)

Trustee's Social Security Number

Birth Date

Male Female Single Married

Co-Trustee's Name, if any (first, middle initial, last)

Citizenship (if other than U.S.)

Co-Trustee's Social Security Number

Birth Date

Male Female Single Married

* Trusts must provide evidence of existence, either by a copy of trust document, certificate of trust, or copy of first page and signature page of trust.
Please attach required documentation to this application.

1. Account Registration *(continued)*

Entity**

Type: C Corporation S Corporation Partnership Not For Profit LLC
 Club/Fraternal Organization Government/Public Other _____

Legal Name of Entity

Taxpayer ID Number

Name of Authorized Party *(first, middle initial, last)*

Citizenship *(if other than U.S.)*

Male Female

Authorized Party's Social Security Number

Birth Date

Name of Additional Authorized Party, if any *(first, middle initial, last)*

Citizenship *(if other than U.S.)*

Male Female

Authorized Party's Social Security Number

Birth Date

** *Corporations and other entities are required to furnish an authorizing resolution.
Please attach required documentation to this application.*

2. Address

U.S. Residential Street Address *(P.O. Box or rural route number is not acceptable)*

City

State

Zip Code

U.S. Mailing Address *(if different from address above)*

City

State

Zip Code

E-mail Address

Daytime Phone

Evening Phone

3. Additional Information *(not required for Entity)*

By law, the following information must be requested, but is not required to establish the account.

Employer's Name

Occupation

Street Address or Box Number

City

State

Zip Code

Joint Owner's Employer's Name

Occupation

Street Address or Box Number

City

State

Zip Code

Please check here if you are employed by or associated with a member of FINRA.

4. Investment Selection

(\$1,000 minimum unless using Systematic Investment Plan. See Section 8)

BMO Large-Cap Value Fund (260)	\$ _____	_____ %
BMO Dividend Income Fund (1039)	\$ _____	_____ %
BMO Large-Cap Growth Fund (206)	\$ _____	_____ %
BMO Large-Cap Focus Fund (1034)	\$ _____	_____ %
BMO Mid-Cap Value Fund (262)	\$ _____	_____ %
BMO Mid-Cap Growth Fund (261)	\$ _____	_____ %
BMO Small-Cap Value Fund (1037)	\$ _____	_____ %
BMO Small-Cap Growth Fund (612)	\$ _____	_____ %
BMO Pyrford International Stock Fund (1045)	\$ _____	_____ %
BMO Lloyd George Emerging Markets Equity Fund (752)	\$ _____	_____ %
BMO Pyrford Global Strategic Return Fund (1043)	\$ _____	_____ %
BMO Ultra Short Tax-Free Fund (1032)	\$ _____	_____ %
BMO Short-Term Income Fund (203)	\$ _____	_____ %
BMO Short-Intermediate Bond Fund (204)	\$ _____	_____ %
BMO Intermediate Tax-Free Fund (347)	\$ _____	_____ %
BMO Government Income Fund (207)	\$ _____	_____ %
BMO TCH Corporate Income Fund (798)	\$ _____	_____ %
BMO Aggregate Bond Fund (989)	\$ _____	_____ %
BMO TCH Core Plus Bond Fund (756)	\$ _____	_____ %
BMO Money High Yield Bond Fund (1041)	\$ _____	_____ %
BMO Government Money Market Fund (605)	\$ _____	_____ %
BMO Tax-Free Money Market Fund (410)	\$ _____	_____ %
BMO Prime Money Market Fund (200)	\$ _____	_____ %

5. Method of Investing

- Check payable to BMO Funds
Redemption proceeds from fund shares purchased by check may not be available for a period of seven days.
- By Wire
For wire instructions, call BMO Funds U.S. Services at 1-800-236-3863
- Systematic Investment Plan
*Complete Section 8: Systematic Investment, Withdrawal or Exchange Plan, and Section 9: Bank Account Information.
Minimum initial investment waived.*

6. Dividend and Capital Gains Payment Option

Both income dividends and capital gains will automatically be reinvested in additional shares unless you choose otherwise:

- | | |
|--|---|
| <input type="checkbox"/> Pay income dividends by check | <input type="checkbox"/> Pay capital gains by check |
| <input type="checkbox"/> Pay income dividends by ACH* | <input type="checkbox"/> Pay capital gains by ACH* |
| <input type="checkbox"/> Pay income dividends by wire* | <input type="checkbox"/> Pay capital gains by wire* |

* Complete Section 9: Bank Account Information

7. Telephone Transaction Privileges

You will automatically have the convenience of facilitating transactions via Telephone Authorization unless you check below. If bank information is provided in Section 9, you will have the convenience of purchases through the Automated Clearing House (ACH) system (\$50 minimum purchase) and redemptions via check or electronic funds transfer (ACH or Federal Funds Wire). A fee may apply for redemptions via Federal Funds wire (\$1000 minimum redemption). Exchange privileges will be allowed between accounts with the same registration only.

- I do NOT want Telephone Exchange Privileges
- I do NOT want Telephone Purchase Privileges
- I do NOT want Telephone Redemption Privileges

8. Systematic Investment, Withdrawal or Exchange Plan

The following information must be completed.

Beginning Date (MM/DD/YYYY) _____ Ending Date (MM/DD/YYYY) _____

Process systematic option on _____ day(s) for the following frequency (check one):

- semi-monthly monthly bi-monthly quarterly semi-annually annually

Please select the type of Systematic Plan you would like to establish.

- I. Systematic Investment Plan* - \$50 minimum (Fund shares purchased systematically are not redeemable for 7 days)

Transfer \$ _____ from my bank account and purchase the following:

BMO Fund	\$Amount (\$50 min/fund)

- II. Systematic Withdrawal Plan - \$100 minimum (minimum account balance of \$10,000 required)

Transfer \$ _____ to my bank account via ACH* by check payable to:

Payee Name

Payee Address

By redeeming the following:

BMO Fund	\$Amount (\$100 min/fund)

- III. Systematic Exchange Plan (Accounts must have the same registration) - \$50 minimum

Periodically exchange the following:

BMO Fund	\$Amount (\$50 min/fund)

* Complete Section 9: Bank Account Information

9. Bank Account Information

Bank Name _____ Bank Routing Number _____

Bank Address _____ Phone Number _____

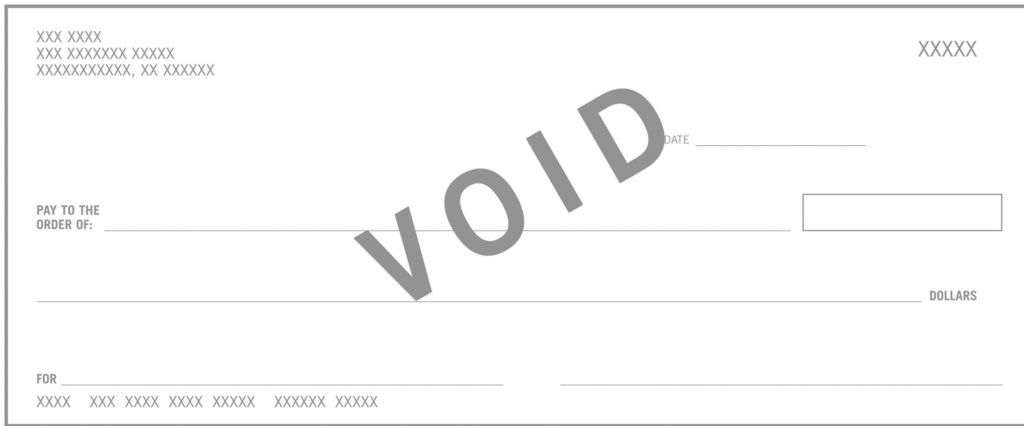
City _____ State _____ Zip Code _____

Name(s) on Bank Account _____

Name(s) on Bank Account _____

Bank Account Number _____ Checking Statement Savings

TAPE A PREPRINTED VOIDED CHECK OR PREPRINTED SAVINGS ACCOUNT DEPOSIT SLIP HERE – PLEASE DO NOT STAPLE.



10. Cost Basis

BMO Funds has elected Average Cost as our default cost basis method. If you would like to elect an alternate cost basis methodology please complete the Cost Basis Election Form and attach to this application.

11. Checkwriting Signature Card (Available only with each Money Market Fund)

BMO Funds • State Street Bank and Trust Co. Account No. _____
(to be completed by BMO Funds U.S. Services)

Free Check Writing – \$250 Minimum

I (we) authorize State Street Bank and Trust Co. (“The Bank”) to honor checks drawn on my (our) Money Market Account by me (us).

Name (first, middle initial, last)

Name (first, middle initial, last)

Signature

Signature

Dated

Dated

By signing this signature card, the undersigned agree to be subject to the instructions and rules as now in effect, and as amended from time to time, of the BMO and of State Street Bank and Trust Co. that pertain to the use of redemption checks.

- Check here if both signatures are required on checks.
- Check here if only one signature is required on checks.

If neither box is checked, all checks will require both signatures.

12. Signature

By signing this new account application below, I (the Account Owner or an authorized agent of the Account Owner) agree that I:

- Have received and read the prospectus for each of the Funds in which I am investing and understand that the prospectus terms are incorporated into this new account application by reference.
- Agree that neither BMO Funds U.S. Services, the BMO Funds, nor any of their affiliates will be responsible for the authenticity of any instructions given by me and shall be fully indemnified by the Account Owner and held harmless from any and all direct and indirect liabilities, losses or costs resulting from acting upon such instructions.
- Am of legal age in my state and have authority and legal capacity to purchase mutual fund shares.
- Consent to the recording of our telephone conversations when I call you regarding my shares and account(s).
- Understand the information in Sections 1, 2, 6, 7, 9, 10 and 11 applies to any new fund into which my shares may be exchanged.
- Understand that verification of the information provided in Section 9 of this application will not be requested from me via email, phone or written correspondence by BMO Funds. If I do receive such an inquiry, I will alert my banking institution immediately to make them aware of this attempt to obtain my banking information.
- Understand that if the account(s) established with this application is/are registered as a trust, any one trustee (or one corporate employee in the case of a corporate trustee) acting alone has the ability to perform telephone transactions.
- Will review all statements upon receipt at the mailing address, and will notify BMO Funds immediately if there is a discrepancy.
- May request transfers to or from my bank account in this application or at any time, including by telephone or otherwise, you are authorized to make those requested transfers (and to make, if necessary, adjusting transfers if any amounts are transferred in error). I agree that BMO Funds may make additional attempts to debit/credit the account if the initial attempt fails, and if a transfer is denied by my bank for any reason, BMO Funds will discontinue this authorization. I understand that I can end this authorization at any time by notifying BMO Funds in writing or by telephone. If I am an owner of the bank account identified on this application, I certify that my signature alone is sufficient to authorize debits from the bank account.
- Understand that BMO Funds may charge a transaction fee for the outgoing wire if sending money via federal funds and that my bank may charge a transaction fee for an incoming wire
- Understand that if no activity occurs in my account within the timeframe specified by the law in my state of residence or if the account statements mailed to me by BMO Funds are returned as undeliverable during that timeframe, the ownership of my account may be transferred to my state of residence, known as escheatment. I also understand that the timeframe varies from state to state and that BMO Funds will attempt to contact me prior to the escheatment of my account. I agree to notify BMO Funds of any change in my address so that my account will not be escheated to my state of residence.
- **Certify under penalties of perjury that:**
 - (1) **The number shown on this application is the correct Social Security Number or Taxpayer ID Number; and**
 - (2) **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (the "IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and**
 - (3) **I am a U.S. person (including a U.S. resident alien).**

[Instruction - you must cross out item (2), above, if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax returns.] The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.
- **Shares of the BMO Funds are not deposits or obligations of, nor guaranteed by, BMO Harris Bank N.A. or any other banking institution; nor are they insured by the Federal Deposit Insurance Corporation ("FDIC") or any other government agency. These shares involve investment risks, including the possible loss of the principal invested.**

Signature of Owner, Custodian, Trustee or Authorized Party

Date

Signature of Joint Owner, Co-Trustee or Additional Authorized Party

Date

For Dealer Use Only

Dealer Number

Location Number

Representative Name / Number

13. Mailing Information

Please send completed application to:

Regular Mail:

BMO Funds
P.O. Box 55931
Boston, MA 02205-5930

Overnight Mail:

BMO Funds
c/o Boston Financial Data Services
Suite 55931
30 Dan Rd
Canton, MA 02021

Conditions

The payment of funds is authorized by the signature(s) appearing on the reverse side of this page unless a lesser number is indicated. Each signator guarantees the genuineness of the signatures. The Bank is hereby appointed agent by the person(s) signing this card (the Depositor(s) and, it's agent, is authorized and directed to present drafts drawn on this account to the transfer agent of the BMO Funds as requested to redeem shares). The Bank shall be liable only for its own negligence. The Depositor(s) agrees to be subject to the rules and regulations of the State Street Bank and Trust Co. pertaining to this account as amended from time to time. State Street Bank and Trust Co. and BMO Funds reserve the right to change, modify or terminate this account and authorization at any time. Drafts may not be for less than \$250 or such other minimum amounts as may from time to time be established by BMO Funds upon prior written notice to its shareholders. Shares purchased by check (including certified or cashier's check) will not be redeemed for seven calendar days of such purchase by check writing and any drafts presented for payment against such shares will be returned as "insufficient funds".