

BMO FUNDS NEW ACCOUNT APPLICATION INSTITUTIONAL CLASS OF SHARES (CLASS I)

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. 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

Entity**

Type: C Corporation S Corporation Partnership Not For Profit
 LLC – Choose one: Taxed as Partnership C Corporation S Corporation
 Club/Fraternal Organization Government/Public Other _____

Legal Name of Entity

Taxpayer ID Number

State of Incorporation/Organization

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

Citizenship (if other than U.S.)

Authorized Party's Social Security Number

Birth Date

Male Female

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

Citizenship (if other than U.S.)

Authorized Party's Social Security Number

Birth Date

Male Female

**** Corporations or other entities are required to furnish an authorizing resolution in addition to one of the following documents: articles of incorporation, articles of organization, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity. Failure to include this documentation may result in the delay of processing your application. Please attach required documentation to this application.**

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, signature page along with the pages that identify the trustees of the trust. Failure to include this documentation may result in the delay of processing your application. Please attach required documentation to this application.**

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

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

Minimum \$2,000,000 or if less, minimum must be reached within 90 days.

BMO Large-Cap Value Fund (926)	\$ _____	_____ %
BMO Dividend Income Fund (1040)	\$ _____	_____ %
BMO Large-Cap Growth Fund (927)	\$ _____	_____ %
BMO Large-Cap Focus Fund (1035)	\$ _____	_____ %
BMO Mid-Cap Value Fund (931)	\$ _____	_____ %
BMO Mid-Cap Growth Fund (963)	\$ _____	_____ %
BMO Small-Cap Value Fund (1038)	\$ _____	_____ %
BMO Small-Cap Growth Fund (964)	\$ _____	_____ %
BMO Pyrford International Stock Fund (1046)	\$ _____	_____ %
BMO Lloyd George Emerging Markets Equity Fund (754)	\$ _____	_____ %
BMO Pyrford Global Strategic Return Fund (1044)	\$ _____	_____ %
BMO Ultra Short Tax-Free Fund (1033)	\$ _____	_____ %
BMO Short-Term Income Fund (993)	\$ _____	_____ %
BMO Short-Intermediate Bond Fund (995)	\$ _____	_____ %
BMO Intermediate Tax-Free Fund (1036)	\$ _____	_____ %
BMO Government Income Fund (968)	\$ _____	_____ %

4. Investment Selection *(continued)*

BMO TCH Corporate Income Fund (799) \$ _____ %
BMO Aggregate Bond Fund (987) \$ _____ %
BMO TCH Core Plus Bond Fund (796) \$ _____ %
BMO Money High Yield Bond Fund (1042) \$ _____ %

Minimum \$10,000,000 or if less, minimum must be reached within 90 days.

BMO Government Money Market Fund (604) \$ _____ %
BMO Tax-Free Money Market Fund (412) \$ _____ %
BMO Prime Money Market Fund (090) \$ _____ %

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

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 8: 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 8, 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. 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

8. Bank Account Information (continued)

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

XXX XXXX
XXX XXXXXXX XXXXX
XXXXXXXXXXXX, XX XXXXXX

XXXXX

DATE _____

PAY TO THE
ORDER OF: _____

_____ DOLLARS

FOR _____
XXXX XXX XXXX XXXX XXXXX XXXXXX XXXXX

9. 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.

10. Additional Mail

To have additional copies of your account statements sent to interested parties, please complete this section. If necessary, attach an additional signed sheet with the same information included.

Interested Party _____

Mailing Address _____

City _____

State _____

Zip Code _____

11. 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, 8, 9 and 10 applies to any new fund into which my shares may be exchanged.
- Understand that verification of the information provided in Section 8 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.

11. Signature (continued)

- 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 and Title of Authorized Party, Trustee or Owner

Date

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

Date

For Dealer Use Only

Dealer Number

Location Number

Representative Name / Number

12. Mailing Information

Please send completed application to:

Regular Mail:

BMO Funds
P.O. Box 55931
Boston, MA 02205-5931

Overnight Mail:

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

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1. Account Information

Account Number _____

Account Registration _____

2. Resolution

BE IT RESOLVED, that the following officers (identify by name and title), including any one of them acting individually:

Name _____

Title _____

Name _____

Title _____

Name _____

Title _____

Name _____

Title _____

Be and they are hereby authorized on behalf of and in the name of this Corporation to (I) establish, maintain and deal through accounts with custodians, financial institutions and brokerage firms for the purpose of acquiring stocks, bonds, mutual funds or other securities of any kind; and (ii) purchase, sell, exchange, assign, transfer and/or deliver stocks, bonds, mutual funds or other securities of any kind now or hereafter registered in the name of this Corporation.

3. Secretary's Certification

I, _____ Secretary of _____
(Name of Secretary) *(Name of Corporation)*

hereby certify that the foregoing is a true and complete copy of a resolution duly adopted by the Board of Directors of said Corporation at a meeting duly held on the ____ day of _____, 20____ at which a quorum was present and voting throughout, and that same has not been repealed or amended, and remains in full force and effect and does not conflict with the by-laws of said Corporation.

Secretary (officers named above should not sign here) _____

Date _____

(Corporate Seal, if any)

MEDALLION GUARANTEE