

BMO eDelivery Portal Access Form

1. Legal Entity(s)

Please list the entities that you want to receive electronic confirmations and statements, as per the executed consent agreement.

2. eDelivery Portal User Information

Please provide the following information for each user from your firm that you want to have access. Only one user is permitted per email.

First Name	Last Name	Email Address	Telephone Number	Please indicate if French language preferred

3. Email Notification

Please provide email addresses to receive notifications when confirmations and statements are generated.

First Name (Required)	
Last Name (Required)	
Email 1 (Required)	
Email 2 (Optional)	

Authorized Individual Signature

Authorized Individual Name (please print)

Authorized Individual Title (please print)

Date (MM/DD/YYYY)