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THIS FORM CANNOT BE COMPLETED ELECTRONICALLY AND MUST BE RECEIVED IN HARD COPY WITH ORIGINAL SIGNATURES.

	account					
	RRSP	RRIF	☐ TFSA	LIF	RLSP	
	LIRA	☐ PRIF	☐ LRIF	RLIF	☐ UK-QROPS	
ccount	Holder Information	tion				
☐ Mr.						
☐ Mrs					Mandatory	
	Last name	Last name First name & initials			Social Insurance Number	
					(mm/dd/yyyy)	
Home	Address		Ар	t.	Birth Date	
City		Province	Postal Code	Home Phone Number	Business Phone Number	
This benefi number an	ciary designation form is to d check only one account	to apply to the above identified regis	stered plan (the "Registered Plan") ar nate beneficiaries for more than one	nd will apply to all assets held under the account, a separate form for each acc	he Registered Plan. (Provide only one account count is required.)	
uccess	or Annuitant / D	esignation of Benefici	ary			
have rec hereby re	eived a copy of the De evoke any previous de have my spouse or co	claration of Trust of the Regis signations of beneficiary made ommon-law partner, if he or sh	e survives me and remains my	n the contents thereof. and, subject to the Notes set ou	at the time of my death, become the succe	
Name o	of successor holder/be	eneficiary in full		Successor holder/beneficiar	y's Social Insurance Number	
Addres	s of successor holder	/ beneficiary				
		,				
□design	ate the person(s) nam	ned below, if then living, as ber	eficiary to receive the proceeds	s payable under the Registered F	Plan upon my death.	
1	. ,,		,			
1.	Name of beneficiary	in full		Relationshi	p to Account Holder	
					_%	
	Social Insurance Nu	mber (required)		Percent Payable		
2.	Name of beneficiary	ne of beneficiary in full		Relationshi	Relationship to Account Holder	
	0 : 11	1 ( )			_%	
	Social Insurance Nu	mber (required)		Percent Payable		
3.	Name of beneficiary	in full		Relationshi	p to Account Holder	
					%	
	Social Insurance Nu	mber (required)		Percent Payable		
				Account Holder Initials	Agent Initials	
ccount	Holder's Signat	ure				
			thic	day of	_20_	
Dated at		province oi		uay 0i	20	
	Holder	r's Signature				
	tness (print). Must not	be related to Beneficiary		Signature of Witness		
ame of Wi	,	,		J 1 1		
	in habalt of Colors	wahara Turet Commission				
ccepted c	on behalf of Compute its Agent, BBS Secu	ershare Trust Company of rities Inc.				
ccepted c anada by				Date		

**CAUTION**: In some provinces, your designation of beneficiary (with the exception of a designation of a successor annuitant of a RRIF or a successor holder of a TFSA) by means of a designation form will not be revoked or changed automatically by any future marriage or divorce, or establishment or breakdown of a common -law partnership. If you wish to change your beneficiary, you will have to do so by means of a new designation.

QUEBEC: Any beneficiary or successor annuitant/holder designations made using this form by a person domiciled in Quebec, either at the time of execution or at the time of their death, may not be honoured and the assets of the Registered Plan may be payable to the estate of the deceased.

SUCCESSOR vs. BENEFICIARY(IES): If (i) you have designated both a successor annuitant/holder and one or more beneficiary(ies) above, (i i) your designated successor annuitant/holder remains your spouse or common-law partner, and (iii) both are alive at your death, then the designation of a successor annuitant/holder takes precedence.

MULTIPLE BENEFICIARIES: You must ensure that the percentage numbers you may fill in above total to 100 percent. If they do not, all listed beneficiaries will be deemed to have been designated with an equal percentage. If a beneficiary you have designated dies before you, that beneficiary's percentage entitlement will be paid to your estate.