

Do not use for Quebec residents

A. Plan Identification and client information (one plan per form)

Account number : _____

 Mr. Mrs. Ms. Surname: _____

First name: _____

B. Type of plan : Please clearly tick the plan requested (one plan per form)
 RSP LIRA/LRSP Restricted LSP RIF LIF Restricted LIF TFSA

C. Designation of spouse or common-law partner as successor annuitant at your death – RIF only
 In the event of my death, I hereby designate my spouse or common-law partner, if living at my death, as the successor annuitant of this retirement registered income fund in order to acquire all rights I have as the holder thereof. I reserve the right to revoke this designation at any time.

 Mr. Mrs. Ms. Surname of spouse
or common-law partner: _____

First name: _____

SIN: _____

D. Designation of spouse or common-law partner as successor holder – TFSA only
 In the event of my death, I hereby designate my spouse or common-law partner, if living at my death, as the successor holder of this tax-free savings account in order to acquire all rights I have as the holder thereof. I reserve the right to revoke this designation at any time.

 Mr. Mrs. Ms. Surname of spouse
or common-law partner: _____

First name: _____

SIN: _____

E. Beneficiary designation (N.B.: ALL FIELDS IN THIS SECTION MUST BE COMPLETED)

I hereby revoke all previous designations relating to the aforementioned registered plan.

I designate all persons named below as beneficiaries to the benefit to be paid under the terms of the aforementioned registered plan if he/she/they is/are still alive on the date of my death. If no beneficiary survives me and I have made no further designation relative to the aforementioned registered plan, the benefit payable on my death will revert to my estate.

If more than one beneficiary is designated and if one of them predeceases me, the benefit payable under the aforementioned plan will be paid out in equal shares to the surviving beneficiaries.

This designation may be revoked at any time by a will or by a signed instrument.

If the beneficiary's name is left blank or a mention such as "none" is entered, I hereby declare that I wish to designate no beneficiary to the benefit payable under the terms of the aforementioned registered plan.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Surname: _____ First name: _____ Relationship to client _____ Date of birth (y-m-d): _____ Street address _____ Town/City : _____ Province _____ Postal Code _____	Part %	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Surname: _____ First name: _____ Relationship to client _____ Date of birth (y-m-d): _____ Street address _____ Town/City : _____ Province _____ Postal Code _____		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Surname: _____ First name: _____ Relationship to client _____ Date of birth (y-m-d): _____ Street address _____ Town/City : _____ Province _____ Postal Code _____		
The total should be 100%		100%

F. Revocation of successor annuitant, successor holder or beneficiary

I hereby revoke the designation of _____

Name of successor annuitant, successor holder or beneficiary(ies)

as successor annuitant, successor holder of beneficiary(ies) to the benefit payable under of the aforementioned registered plan.

I hereby also revoke all designations of successor annuitant, successor holder or beneficiary(ies) made prior to the date hereof.

G. Signature of client

Signature of client _____ Date _____

RESERVED FOR ADMINISTRATION

CLIENT ID

CODE