

A) Identification of Plan and Applicant (Annuitant)

FTA RRSP account number : _____	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Family name : _____	Given name: _____

B) Current designation

Name(s) of beneficiary/beneficiaries :			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Family name : _____	Given name : _____	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Family name : _____	Given name : _____	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Family name : _____	Given name : _____	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
THE APPLICANT CANNOT REPLACE AN IRREVOCABLE BENEFICIARY WITHOUT HAVING OBTAINED HIS/HER CONSENT.			

C) New designation

IMPORTANT - Please take note of the following information before filling out the section « New designation »:

To prevent the funds invested in your plan from being seized, you must designate, as revocable beneficiary, your legal spouse or your spouse with whom you live as though married (common-law spouse), or else your ascendants or descendants. Such designation may also be made in an irrevocable fashion. Please note that if you neglect to indicate whether the designation is revocable or irrevocable, it will be presumed irrevocable with regard to your legal or common-law spouse and revocable with regard to your ascendants and descendants.

The designation of any other person not included in the preceding paragraph must be "irrevocable" for your funds to be except from seizure.

Name(s) of beneficiary/beneficiaries :			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Family name : _____	Given name : _____	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
Kinship :		<input type="checkbox"/> Legal spouse	<input type="checkbox"/> Child(ren) , grandchildren
Social insurance No. : _____	<input type="checkbox"/> Common-law spouse	<input type="checkbox"/> Mother, father, grandparent	
<input type="checkbox"/> Other :			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Family name : _____	Given name : _____	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
Kinship :		<input type="checkbox"/> Legal spouse	<input type="checkbox"/> Child(ren) , grandchildren
Social insurance No. : _____	<input type="checkbox"/> Common-law spouse	<input type="checkbox"/> Mother, father, grandparent	
<input type="checkbox"/> Other :			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Family name : _____	Given name : _____	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable
Kinship :		<input type="checkbox"/> Legal spouse	<input type="checkbox"/> Child(ren) , grandchildren
Social insurance No. : _____	<input type="checkbox"/> Common-law spouse	<input type="checkbox"/> Mother, father, grandparent	
<input type="checkbox"/> Other :			

D) Adherence of the parties

I require Desjardins Securities Inc., the agent for the issuer of the contract, to change the name (s) of the designated beneficiary/beneficiaries.

Signed at _____ on _____.
City Date (YYYY-MM-DD)

Signature de Applicant (Annuitant) Signature of former irrevocable beneficiary