

Account number:

 **This document must not be used by Quebec residents.**

### Section 1 – Account holder information

☐ Mr. ☐ Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

### Section 2 – Plan identification (check only one box)

☐ RSP ☐ LIRA/LRSP ☐ RLSP ☐ RIF ☐ LIF ☐ RLIF ☐ TFSA

### Section 3 – Designation of spouse or common-law partner as successor annuitant or successor holder (RIF, LIF, RLIF or TFSA only)

This designation will take effect only if my spouse or common-law partner (as defined in the *Income Tax Act* of Canada, also known as the “Act”) is alive at the time of my death and is still my spouse or common-law partner.

#### RIF, LIF, RLIF

☐ In accordance with the terms and conditions governing the registered retirement income fund indicated above, I designate my spouse or common-law partner as successor annuitant as permitted under section 146.3 of the Act to acquire all rights I have as the holder thereof. I reserve the right to revoke this designation at any time.

#### TFSA

☐ In accordance with the terms and conditions governing the tax-free savings account indicated above, I designate my spouse or common-law partner as successor holder as permitted under section 146.2 of the Act to acquire all of my rights in this account, including the unconditional right to revoke any beneficiary designation made, or similar instructions given for this account, by me under this account or relating to property held in connection with this account.

#### Identification of spouse or common-law partner

☐ Mr. ☐ Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Social insurance number: \_\_\_\_\_

### Section 4 – Principal beneficiary(ies) designation

I hereby revoke all previous beneficiary designations made relating to this plan. If this designation was made irrevocably, I must have obtained the irrevocable beneficiary's written waiver in section 6 to revoke it.

This designation takes precedence over any other designation or bequest of the plan made previously by will.

#### I understand that:

- I am solely responsible for ensuring that this beneficiary designation is legal and valid under the laws of the province or territory of Canada in which my current residence is located and for amending it in the future when required. At my death, the laws of the province or territory of my Canadian residence at that time will apply. If I do not have a Canadian residence at the time of my death, the laws of my Canadian residence at the time this form is signed will apply.
- This designation may become inapplicable or inappropriate, for example, as a result of a subsequent will, a divorce or breakdown of a civil union or marriage, a change in my province or territory of residence or a legislative change.
- If I named a successor annuitant or successor holder above, the beneficiary designation will be applied only if my spouse or common-law partner predeceases me or is no longer my spouse or common-law partner at the time of my death.
- If the funds in this plan (LIRA, LIF, etc.) are subject to the pension legislation of the jurisdiction where the plan is located, the provisions granting precedence to the spouse could override this designation, if I designate a person or persons other than my “spouse” for the purposes of that legislation.

In accordance with the terms and conditions governing this plan and subject to the laws of my current province or territory of residence, I hereby designate the following person(s) as the principal beneficiary(ies) of any benefits payable upon my death.

☐ Mr. ☐ Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Part: \_\_\_\_\_ %

☐ Mr. ☐ Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Part: \_\_\_\_\_ %

☐ Mr. ☐ Ms. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Part: \_\_\_\_\_ %

**Total: 100.00 %**

If the designated principal beneficiary or all designated principal beneficiaries predecease(s) me or waives their rights, and I have not completed the contingent beneficiary below, the benefits will be paid to my estate.

If I designate more than one principal beneficiary, they will share the benefits payable equally, unless I specify different proportions. However, in all case, if one or more of them predeceases me or waives their rights, the remaining beneficiary(ies) will share equally in the share of each beneficiary who died before me or who waived their rights.

The principal beneficiary designation, including the one for my spouse, is **revocable**.

### Section 5 – Contingent beneficiary(ies) designation

The rights of contingent beneficiaries do not become effective unless **all** principal beneficiaries designated in Section 4 have predeceased the plan member, or if they have all waived their rights as beneficiaries.

In accordance with the terms and conditions governing this plan and subject to the laws of my current province or territory of residence, I hereby designate the following person(s) as the contingent beneficiary(ies) of any benefits payable upon my death.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name: _____	First name: _____
Relationship: _____		Part: _____ %
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name: _____	First name: _____
Relationship: _____		Part: _____ %
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last name: _____	First name: _____
Relationship: _____		Part: _____ %
<b>Total:</b>		<b>100.00 %</b>

If the designated contingent beneficiary or all the designated contingent beneficiaries predecease(s) me or waives their rights, the benefits will be paid to my estate.

If I designate more than one principal beneficiary, they will share the benefits payable equally, unless I specify different proportions. However, in all case, if one or more of them predeceases me or waives their rights, the remaining beneficiary(ies) will share equally in the share of each beneficiary who died before me or who waived their rights.

This contingent beneficiary designation is **revocable**.

### Section 6 – Irrevocable beneficiary(ies) revocation (if applicable)

If a previous irrevocable beneficiary is revoked, the beneficiary must sign this form to confirm their consent to the revocation.

By signing this form, I consent to the revocation of the irrevocable beneficiary designation in my favour for this plan.

_____ Name of the irrevocable beneficiary (in block letters)	<b>X</b> _____ Signature of the irrevocable beneficiary	_____ Date (YYYY-MM-DD)
_____ Name of the irrevocable beneficiary (in block letters)	<b>X</b> _____ Signature of the irrevocable beneficiary	_____ Date (YYYY-MM-DD)
_____ Name of the irrevocable beneficiary (in block letters)	<b>X</b> _____ Signature of the irrevocable beneficiary	_____ Date (YYYY-MM-DD)

### Section 7 – Signature

_____ Name of the client (in block letters)	<b>X</b> _____ Signature of the client	_____ Date (YYYY-MM-DD)
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