

1 CONTRACTHOLDER'S IDENTIFICATION

Last name First name

2 PLAN IDENTIFICATION

Check affected plan(s): Non-registered TFSA Contributory RRSP RRSP RRIF LIRA/LRSP LIF

3 BENEFICIARY INFORMATION

Revocable/Irrevocable beneficiary: A beneficiary designation is revocable unless otherwise indicated. However, in Quebec if the named beneficiary is the person to whom the contractholder is married or civilly united, this designation is considered irrevocable unless the contractholder indicates that he or she wishes for the designation to be REVOCABLE.

Designating an irrevocable beneficiary can have significant consequences. To replace a beneficiary designated as irrevocable, or carry out certain changes or transactions, the beneficiary's consent must be obtained. A minor irrevocable beneficiary cannot consent to a change or transaction, and the minor irrevocable beneficiary's parents and legal guardian are also unable to sign a document in that regard on his or her behalf.

Minor beneficiary: Outside Quebec, if a minor is the designated beneficiary, it is recommended that a trustee also be designated. By naming a trustee, the benefit is payable to the trustee who will hold it in trust for the minor beneficiary until he or she is of legal age (not applicable in Quebec). Any amount payable to a beneficiary who has reached the age of majority is payable directly to this person. In Quebec, the minor beneficiary's legal guardian will receive the payable benefit unless an official trustee has been named.

4 CHANGE OF BENEFICIARY

Check one only: Estate (This term includes, in particular, legal heirs, assignees and successors.)

OR

Designation – Complete chart below:

Name of beneficiary(ies)	Relationship to the contractholder	Date of birth			Check one box only		Share Total: 100%
		Year	Month	Day	Revocable	Irrevocable	
_____	_____	_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____%
_____	_____	_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____%
_____	_____	_ _	_	_	<input type="checkbox"/>	<input type="checkbox"/>	_____%

5 CONTRACTHOLDER'S DECLARATION

I, the undersigned, confirm the change of beneficiary as indicated on this form.

Signed at _____ on this _____ day of _____ 20 _____ .

X

Signature of contractholder Contractholder's name (please print)

6 CONSENT OF IRREVOCABLE BENEFICIARY

FILL OUT THIS SECTION ONLY IF THE DESIGNATION WAS IRREVOCABLE.

I, the undersigned, agree that my designation as beneficiary of the plan indicated in Section 2 be revoked.

X

Signature of irrevocable beneficiary Name of irrevocable beneficiary (please print) Date

X

Signature of irrevocable beneficiary Name of irrevocable beneficiary (please print) Date

PLEASE INITIAL ANY CHANGES MADE.

(Registration of this change of beneficiary in the Insurer's records does not guarantee its validity)