

## BENEFICIARY DESIGNATION WITH CONTINGENT BENEFICIARY FORM (Nominee Registered Accounts Only)

700 - 1111 West Georgia Street Vancouver, BC, Canada V6E 4T6 604.605.4199 Toll Free 1.877.787.2330

1. ACCOUNT DETAILS			
Account Holder Name (First, Initial, Last)			
Account #		Account Type	
		•	
Account #		Account Type	
Account #		Account Type	
2. BENEFICIARY INFORMATION			
I hereby revoke any designation of beneficiary made by me for the above-noted account(s) and under the account in the event of my death. I am solely responsible for ensuring that this designated the control of the co	I hereby designate the person(s) named be ion of beneficiary is legally valid.	elow, if then living, as Beneficiary of the proce	eeds payable
For RIF and Spousal RIF accounts, please indicate:   My Spouse   My Spouse   My Spouse a	s Successor Annuitant (not available for loc	(ed-in accounts) Other	
	`	, -	
Name of Beneficiary	Relationship to Account Holder	% O	wned
Address of Beneficiary			
Name of Beneficiary	Relationship to Account Holder	% O	wned
Address of Beneficiary			
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Name of Beneficiary	Relationship to Account Holder	% U'	wned
Address of Beneficiary			
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3. CONTINGENT BENEFICIARY INFORMATION			
In the event a designated Beneficiary is not living at my death, I hereby designate the person(s)			i
payable from my account to the deceased Beneficiary. In the event a Contingent Beneficiary is	not living at my death, any amount that w		
deceased Contingent Beneficiary shall be paid to my estate. I am solely responsible for ensuring t			
deceased Contingent Beneficiary shall be paid to my estate. I am solely responsible for ensuring t			
	hat this designation of Contingent Beneficia	ry is legally valid.	ccount to the
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