

CHANGE OF BENEFICIARY FORM (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)							Social Insurance Number			
Account #1	Account Number						Account Type			
Account #2	Account Number									
							Account Type			
Account #3										
Account #3	Account Number						Account Type			
										
Account #4										
	Account Number						Account Type			
2. CHANGE OF BENEFICIARY INFORMATION										
I hereby revoke any designation of beneficiary made by me for this/these account(s) and I hereby designate the person(s) named below, if then living, as beneficiary(ies) of the proceeds payable under										
the account(s) in the event of my death. In the event a designated beneficiary is not living at my death, any amount that would have otherwise been payable from my account(s) to the deceased										
beneficiary shall be paid to my estate. I am solely responsible for ensuring that this designation of beneficiary is legally valid.										
CAUTION: In some provinces, your designation of beneficiary by means of this form will not be revoked or changed automatically by any future marriage or divorce. If you wish to change your beneficiary(ies) again in the future, you should do so by completing a new Change of Beneficiary Form. This form must be signed by the account owner. A beneficiary designation purported to be										
made pursuant to a Power of Attorney may be invalid. Accordingly, this form cannot be signed by a person acting as an attorney pursuant to a Power of Attorney instrument except in very limited circumstances. If you are seeking to designate a beneficiary on behalf of an adult, contact your lawyer for advice. If you are designating the beneficiary(ies) of a locked-in account, see the applicable										
circumstances. If you are seeking to designate a beneficiary on behalf of an adult, contact your lawyer for advice. If you are designating the beneficiary(les) of a locked-in account, see the applicable addendum for important terms and conditions.										
Account #1	O My Estate	O My Spau	se/Partner as Succe	seor Annuitant /	Holder	O My Sn	ouse/Partner	Other		
Account #1	O My Estate	(RIF or Ti	SA accounts only; no	t available for loc	ked-in accounts)	O My Spo	ouse/Faithei	Other		
Name of Beneficiary	y (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (First,	, Initial, Last)		Relationship	Percentage	
									<u></u>	
Name of Beneficiary	y (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (First,	, Initial, Last)		Relationship	Percentage	
Account #2	Account #2									
7.00002	O my zotato	(RIF or T	SA accounts only; no	t available for loc	ked-in accounts)	·, sp.	340071 4111101	O 0o.		
Name of Beneficiary	y (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (First,	, Initial, Last)		Relationship	Percentage	
Name of Beneficiary	//Eirat Initial Loot)		Relationship	Porcontago	Name of Panaficiany (First	Initial Lost\		Relationship	Porcontago	
Name of Beneficiary	y (Fiist, Illiliai, Last)		Relationship	reiceillage	Name of Beneficiary (First,	, IIIIIIai, Lasi)		Relationship	Percentage	
Account #3	O My Estate	O My Spou	se/Partner as Succe	ssor Annuitant /	Holder	O My Spo	ouse/Partner	Other		
	·	(RIF or TI	SA accounts only; no	t available for loc	ked-in accounts)					
Name of Beneficiary	y (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (First,	, Initial, Last)		Relationship	Percentage	
Name of Beneficiary	/ (First Initial Last)		Relationship	Percentage	Name of Beneficiary (First,	Initial Last)		Relationship	Percentage	
Name of Beneficially	y (1 113t, 111tial, Last)		Relationship	rerectitage	Name of Beneficiary (1113t,	, illitiai, Last)		relationship	rerectitage	
Account #4	O My Estate	O My Spou	se/Partner as Succe	ssor Annuitant /	Holder	O My Spo	ouse/Partner	Other		
		(RIF or Ti	FSA accounts only; no	t available for loc	ked-in accounts)					
Name of Benefician	(/First Initial Last)		Deletionship	Daraantaga	Name of Panafiaians (First	Initial Loat\		Dolotionobio	Doroontogo	
Name of Beneficiary	y (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (First,	, initiai, Last)		Relationship	Percentage	
Name of Beneficiary	y (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (First,	, Initial, Last)		Relationship	Percentage	
3 ACCOUNT HOLDER AUTHORIZATION (READ CAREEULLY REFORE SIGNING)										
3. ACCOUNT HOLDER AUTHORIZATION (READ CAREFULLY BEFORE SIGNING)										
By signing and dating below, I acknowledge, agree and consent to all of the foregoing and confirm that the information I have provided is correct.										
-	,		,		·					
x										
Account Holder Signature								Date (dd/mm/yyyy)		