

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 D	ETAILS								
Account Holder Name (First, Initial, Last) Social Insura							Social Insurance Nu	mber	
Account #1									
	Account Number						Account Type		
Account #2									
	Account Number						Account Type		
ccount #3	A						A		
	Account Number						Account Type		
ccount #4	Account Number						Account Type		
CHANCE OF	BENEFICIARY INFOR	MATION					Account Type		
AUTION: In some eneficiary(ies) aga ade pursuant to a cumstances. If yo	in in the future, you show Power of Attorney may b	ation of beneficiary ald do so by comple e invalid. According ate a beneficiary on	by means of this eting a new <i>Change</i> ly, this form canno	form will not be e of Beneficiary F t be signed by a	neficiary is legally valid. revoked or changed autor orm. This form must be seperson acting as an attor yer for advice. If you are of	signed by the rney pursua	e account owner. A nt to a Power of Atto	beneficiary designation orney instrument exce	n purported to be ept in very limited
count #1	O My Estate	O My Spou	use/Partner as Succ FSA accounts only; i			○ Му Sp	ouse/Partner	Other	
lame of Beneficia	ry (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (Firs	st, Initial, Last)		Relationship	Percentage
Name of Beneficial	ry (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (Firs	st, Initial, Last)		Relationship	Percentage
ccount #2	O My Estate	O My Spou (RIF or T	use/Partner as Succ FSA accounts only; i	cessor Annuitant / not available for loc	Holder ked-in accounts)	O My Sp	ouse/Partner	O Other	
Name of Beneficial	ry (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (Fire	st, Initial, Last)		Relationship	Percentage
Name of Beneficia	ry (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (Fire	st, Initial, Last)		Relationship	Percentage
ccount #3	O My Estate	O My Spou (RIF or T	ise/Partner as Succ FSA accounts only; i	cessor Annuitant / not available for loc	Holder ked-in accounts)	O My Sp	ouse/Partner	Other	
Name of Beneficiary (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (First, Initial, Last)		Relationship	Percentage		
Name of Beneficia	ry (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (Firs	st, Initial, Last)		Relationship	Percentage
ccount #4	O My Estate	O My Spou (RIF or T	use/Partner as Succ FSA accounts only; i	cessor Annuitant / not available for loc	Holder ked-in accounts)	O My Sp	ouse/Partner	Other	
lame of Beneficia	ry (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (Firs	st, Initial, Last)		Relationship	Percentage
lame of Beneficial	ry (First, Initial, Last)		Relationship	Percentage	Name of Beneficiary (Firs	st, Initial, Last)		Relationship	Percentage
	OLDER AUTHORIZATI	ON (READ CARE	•						
				· · · · · · · · · · · · · · · · · · ·	at the information I have p	provided is co	rrect.		
Account Holder Sig	ınature							Date (dd/mm/yyyy	()