

199 Bay Street, Suite 2600, Toronto, ON, M5L 1E2, Canada

Phone: 1.877.310.1088 Fax: 416.288.8611

NOT FOR USE BY PERSONS DOMICILED IN THE PROVINCE OF QUEBEC.
Account Holder/Annuitant Information

_____			Mandatory	
Full name			Social Insurance Number	
_____			(mm/dd/yyyy)	
Home Address		Apt.	Birth Date	
_____	_____	_____	_____	_____
City	Province	Postal Code	Home Phone Number	Business Phone Number

This Beneficiary & Beneficiary Contingency Beneficiary Designation Form is to apply to the above identified registered plan (the "Registered Plan") and will apply to all assets held under the Registered Plan. (Provide only one account number. Should you wish to designate beneficiaries and contingency beneficiaries for more than one account, a separate form for each account is required.)

Designation of Beneficiary

I understand that I am solely responsible for ensuring that the designation below is legally valid. I have received a copy of the Declaration of Trust of the Registered Plan and I am familiar with the contents thereof. In most provinces, pension legislation requires benefits from a pension plan to be paid to your spouse. If you have named someone other than your spouse as beneficiary, pension legislation may override this designation. If a beneficiary(ies) die before you unless otherwise specified on this form, we will make such transfer or payment of their portion to your legal personal representative. If you appoint more than one beneficiary (or contingent beneficiary, as the case may be), benefits will be paid in equal shares unless you specify otherwise below. I hereby revoke any previous beneficiary designation made in respect thereof and hereby:

elect to have my spouse or common-law partner, if he or she survives me and remains my spouse or common-law partner at the time of my death, become the successor annuitant of my RRIF or the successor holder of my TFSA, upon my death **(ONLY APPLICABLE TO RRIF AND TFSA ACCOUNTS):**

Name of successor holder / annuitant

Successor holder / annuitant's Social Insurance Number

Address of successor holder / annuitant

designate the following as Beneficiary of the proceeds payable under such Plan in the event of my death:

1.	_____	Relationship to Account Holder
	Name of beneficiary in full	
	_____	%
	Address of Beneficiary	Percentage Payable

	Social Insurance Number	
2.	_____	Relationship to Account Holder
	Name of beneficiary in full	
	_____	%
	Address of Beneficiary	Percentage Payable

	Social Insurance Number	
3.	_____	Relationship to Account Holder
	Name of beneficiary in full	
	_____	%
	Address of Beneficiary	Percentage Payable

	Social Insurance Number	
4.	_____	Relationship to Account Holder
	Name of beneficiary in full	
	_____	%
	Address of Beneficiary	Percentage Payable

	Social Insurance Number	
5.	_____	Relationship to Account Holder
	Name of beneficiary in full	
	_____	%
	Address of Beneficiary	Percentage Payable

	Social Insurance Number	



Registered Plan Beneficiary & Contingency Beneficiary Designation Form

Account number: _____

Account type: _____

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Designation of Contingent Beneficiary

If the above named Beneficiary is **not living** at the time of my death, I hereby designate the following as **Contingent Beneficiary**:

1.	_____	_____	_____
	Name of beneficiary in full	Relationship to Account Holder	
	_____	_____	_____ %
	Address of Beneficiary	Social Insurance Number	Percentage Payable
2.	_____	_____	_____
	Name of beneficiary in full	Relationship to Account Holder	
	_____	_____	_____ %
	Address of Beneficiary	Social Insurance Number	Percentage Payable
3.	_____	_____	_____
	Name of beneficiary in full	Relationship to Account Holder	
	_____	_____	_____ %
	Address of Beneficiary	Social Insurance Number	Percentage Payable
4.	_____	_____	_____
	Name of beneficiary in full	Relationship to Account Holder	
	_____	_____	_____ %
	Address of Beneficiary	Social Insurance Number	Percentage Payable
5.	_____	_____	_____
	Name of beneficiary in full	Relationship to Account Holder	
	_____	_____	_____ %
	Address of Beneficiary	Social Insurance Number	Percentage Payable

If the above-named Contingent Beneficiary is not living at the time of my death, the proceeds of the Plan will be paid to my estate.

Account Holder/Annuitant Signature

Dated at _____ province of _____ this _____ day of _____ 20_____.

Account Holder/Annuitant Signature

Accepted on behalf of Computershare Trust Company of
Canada by its Agent, BBS Securities Inc.

Authorized Signature of Agent

Date

NOTES:

CAUTION: In some provinces, your designation of beneficiary (with the exception of a designation of a successor annuitant of a RRIF or a successor holder of a TFSA) by means of a designation form will not be revoked or changed automatically by any future marriage or divorce, or establishment or breakdown of a common-law partnership. If you wish to change your beneficiary, you will have to do so by means of a new designation.

QUEBEC: Any beneficiary designations made using this form by a person domiciled in Quebec, either at the time of execution or at the time of their death, may not be honoured and the assets of the Registered Plan may be payable to the estate of the deceased.

GOVERNING LAW: If you are domiciled in Canada when you die, this form will be governed by the laws of your province/territory of domicile at that time. If you are not, the laws of your Canadian province/territory of domicile at the time of execution of this form will apply. Otherwise, the laws of Ontario will apply.