


# BENEFICIARY DESIGNATION FORM



**NOT FOR USE BY PERSONS DOMICILED IN THE PROVINCE OF QUEBEC.**

1. ACCOUNT HOLDER INFORMATION					
Last Name		First Name and Initials		Social insurance number	
Street Address			Apt #	City, Town or Post Office	
Province	Postal Code	Telephone (optional)		Holder Account Number	
Account Type <input type="checkbox"/> TFSA <input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LIRSP <input type="checkbox"/> RLSP <input type="checkbox"/> RRIF <input type="checkbox"/> Spousal RRIF <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> PRIF <input type="checkbox"/> RLIF					

This beneficiary 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 and check only one account type box. Should you wish to designate beneficiaries for more than one account, a separate form for each account is required.)

2. SUCCESSOR HOLDER (TFSA, RRIF and Spousal RRIF only) / 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. I hereby revoke any previous designations of beneficiary made by me for this Registered Plan and, subject to the Notes set out below, I hereby <b>(check one or both)</b>			
<input type="checkbox"/> 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 holder of my TFSA, RIF, Spousal RIF as applicable, upon my death.			
Last Name	First Name and Initials	Social insurance Number	Birth Date (dd/mm/yyyy)
and/or  designate the person(s) named below, if then living, as beneficiary to receive the proceeds payable under the Registered Plan upon my death:			
Name of Beneficiary in full	Relationship to Client	Social insurance Number	Percent Payable %
Name of Beneficiary in full	Relationship to Client	Social insurance Number	Percent Payable %
Name of Beneficiary in full	Relationship to Client	Social insurance Number	Percent Payable %
Name of Beneficiary in full	Relationship to Client	Social insurance Number	Percent Payable %

3. Notes
<p><b>Caution:</b> In some provinces, your designation of beneficiary (with the exception of a designation of a successor holder of a TFSA, RRIF or Spousal RRIF) 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.</p> <p><b>Quebec:</b> Any beneficiary or successor annuitant/holder 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.</p> <p><b>Successor vs Beneficiary(ies):</b> If (i) you have designated <u>both</u> a successor holder and one or more beneficiary(ies) above, (ii) your designated successor holder remains your spouse or common-law partner, and (iii) both are alive at your death, then the designation of a successor holder takes precedence.</p> <p><b>Multiple Beneficiaries:</b> You must ensure that the percentage numbers you may fill in above total to 100 percent. If they do not, all listed beneficiaries will be deemed to have been designated with an equal percentage. If a beneficiary you have designated dies before you, that beneficiary's percentage entitlement will, subject to applicable law, be paid to your estate.</p> <p><b>Governing Law:</b> 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.</p>

4. AUTHORIZATION				
Client Name	Client's signature	Year	Month	Day
Witness Name	Witness's signature			

Deliver form to:  
 Computershare Trust Company of Canada  
 Attn: Private Capital Solutions  
 2<sup>nd</sup> Floor, 510 Burrard St.  
 Vancouver, BC V6C 3B9

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