



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 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.

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.

Account #1 My Estate My Spouse/Partner as Successor Annuitant / Holder My Spouse/Partner Other
Name of Beneficiary (First, Initial, Last) Relationship Percentage
Account #2 My Estate My Spouse/Partner as Successor Annuitant / Holder My Spouse/Partner Other
Account #3 My Estate My Spouse/Partner as Successor Annuitant / Holder My Spouse/Partner Other
Account #4 My Estate My Spouse/Partner as Successor Annuitant / Holder My Spouse/Partner Other

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)