



RETIREMENT INCOME FUND (RIF) PAYMENT CHANGE FORM

700 - 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6
604.605.4199 Toll Free 1.877.787.2330

Use this form to update your RIF Payment information

1. ACCOUNT DETAILS

Account Holder/Annuitant Name (First, Initial, Last) Account Number

Account Type: RIF Spousal RIF LIF/LRIF RLIF PRIF

2. ANNUAL PAYMENT INFORMATION

I request in each year, an annual payment amount of (select one):

- Minimum amount payable
Other Amount: \$ Gross Net
Maximum payout (LIF, LRIF and RLIF only)

Tax Calculation options

- Regulatory Standard (default)
Percent %: On entire amount On excess amount

3. PAYMENT SCHEDULE

- Payment Frequency: Monthly Quarterly Semi-Annually Annually
Start Date: 15th Last day of the month Year Month
Direct Payment: by Electronic Funds Transfer to my bank account on file (If new, attach an original void cheque)
to my online brokerage non-registered account number:

4. FUND REDEMPTION SELECTION

Use this section if you wish to sell Mutual Funds to complete your RIF payment.

Table with 4 columns: Type, Fund Name, Fund Code, Investment Amount (percentage required)

Type: Start, Stop, Change

5. ACCOUNT HOLDER/ANNUITANT AGREEMENT (READ CAREFULLY BEFORE SIGNING)

I agree to indemnify and save harmless the Trustee and the agent of the Trustee, in respect to all taxes, assessments and other charges levied or imposed by any competent authority, with regard to my account, at any time.

I acknowledge that all fund transfers are governed by, and confirm that I have read, understood and agree to the Broker's Customer Agreements & Disclosure Documents and Terms of Use (all of which are incorporated herein by reference) as such agreements may be amended from time to time, a copy of which has been provided to me and which can be found online.

x Account Holder/Annuitant Signature Date (dd/mm/yyyy)