

CHANGE OF BENEFICIARY FORM

Name of your Plan Trustee:

Address:

DESIGNATION OF BENEFICIARY:

RRSP Plan Number: _____ or RRIF Plan Number: _____

Name:

Address:

City:

Province:

Postal Code:

I am the annuitant under the contract referred to above, and do hereby declare that:

- I hereby revoke any prior Designation of Beneficiary made by me under this contract.
- The Beneficiary(s) designated herein must survive me and accept this designation in order to receive benefits payable under this contract. If more than one beneficiary is entitled to receive benefits, they shall share in the proceeds in the proportions indicated. The Alternative or Secondary Beneficiary designation is valid only in the event that any of the Primary Beneficiary designations have predeceased me or refused the designation. If no Beneficiary designated herein survives me or accepts this designation, the proceeds of this contract shall be paid to my estate.
- All sums falling due under this contract, on or after my death, be paid to the Beneficiary(s) listed below:

PRIMARY BENEFICIARY: (full name, relationship, dollar amount or % (totalling 100%))

a. _____ %

b. _____ %

c. _____ %

d. _____ %

