

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. _____ %

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ALTERNATIVE/SECONDARY BENEFICIARY: (full name, relationship, dollar amount or % (totalling 100%))

- a. _____ %
- b. _____ %
- c. _____ %
- d. _____ %

If any of the Secondary or Alternative Beneficiaries fail, the amount that would have gone to such a Beneficiary shall be given proportionately to the other Beneficiaries. If there is no other, the balance shall revert to my estate.

Caution 1:

- Your designation of beneficiary by means of a designation form will not be revoked or change automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.

Caution 2:

- Your estate may be responsible for reporting and paying income tax on proceeds paid to a designated beneficiary.

Date:

Witness: signature Witness: name printed

Annuitant: signature Annuitant: name printed

Received by: Date: Accepted: