

Designation of Beneficiary

RETIREMENT SAVINGS PLAN
RETIREMENT INCOME FUND

TAX FREE SAVINGS ACCOUNT

Client No.

Name _____
RSP/RIF - Annuitant
 TFSA - Holder

Contract No.

Select one: First Designation (Note: Contract number will be added by trustee when the new application is processed.)
 Changing or Removing Designation

Concentra Financial Use:

Pension Lock-In? Y/N
 Plan Details { - If Sole Beneficiary is Spouse, Pay to Spouse Y
 - If not, Pay to Spouse N

I, _____, of _____, in the Province of _____, the annuitant/holder under the above contract referred to above, do hereby declare that:

- a) I hereby revoke any prior Designation of Beneficiary made by me under this contract.
- b) 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 the proceeds equally unless otherwise specified below. The Alternate Beneficiary designation is valid only in the event that all the Primary Beneficiaries listed herein 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.
- c) All sums falling due under this contract, on or after my death, be paid to the Beneficiary(s) listed below.

PRIMARY BENEFICIARY

NOTE: If RRIF or TFSA Contract: Where the sole primary beneficiary is my spouse, this designation also stands as a Successor Annuitant/Holder appointment, whereby the original RRIF/TFSA contract continues in my spouse's name. **QUEBEC RESIDENTS:** this designation represents an appointment of Successor Annuitant/Holder. This appointment will only be recognized where my spouse is the sole residual beneficiary of my Estate.

Name: _____	Relationship: _____
Address: _____	SIN: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Minor (Y/N) _____
Name: _____	Relationship: _____
Address: _____	SIN: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Minor (Y/N) _____
Name: _____	Relationship: _____
Address: _____	SIN: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Minor (Y/N) _____

ALTERNATE BENEFICIARY(S)

Valid only in the event that all the primary beneficiaries listed above predecease me or refuse the above appointment.

Name: _____	Relationship: _____
Address: _____	SIN: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Minor (Y/N) _____
Name: _____	Relationship: _____
Address: _____	SIN: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Minor (Y/N) _____
Name: _____	Relationship: _____
Address: _____	SIN: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Minor (Y/N) _____

- CAUTION:**
- 1) Your designation of beneficiary by means of a designation form will not be revoked or changed 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.
 - 2) If funds contained in this contract are subject to pension legislation, the addendum governing such funds may override this designation if a person other than your spouse (or other individual who has been given similar rights under the applicable pension jurisdiction) is designated to receive the proceeds.
 - 3) Your estate may be responsible for reporting and paying income tax on proceeds paid to a designated beneficiary.
 - 4) Designations are created and governed under provincial legislation. The provincial legislation may override this designation.

Date (DD/MMM/YYYY) **Witness** (should not be a beneficiary or relative of annuitant/holder) **Annuitant/Holder's Signature**

Received By: _____ Approved By: _____ Entered By: _____ Date Stamp