



Account Number: _____

Holder Name: _____

Amendment to Tax-Free Savings Account Application – Successor Holder and Beneficiary Designation Form

Instructions: Note to Holders domiciled in British Columbia; Alberta; Prince Edward Island; North West Territories; Newfoundland & Labrador; Manitoba; Ontario; New Brunswick; Nova Scotia, Yukon Territory and Nunavut. Successor Holder and Beneficiary Designations on TFSAs are only accepted in the jurisdictions listed. All capitalized terms shall have the meanings given to them in the Trust Agreement forming part of the Tax-Free Savings Account.

I hereby revoke any beneficiary or successor holder designation made by me prior to the date hereof regarding the Educators Financial Group Inc. Tax-Free Savings Account referenced by the account number above (the "Account").

Part 1 – Spouse Successor Holder Designation

Where permitted by law, I hereby designate my spouse or common-law partner ("Spouse"), named below, to become the Holder and acquire all of my rights as the holder of the Account in accordance with the terms of the Trust Agreement in the event of my death before termination of the Account, if he or she survives me. I reserve the right to change or revoke this designation, as permitted by law, in accordance with the terms of the Trust Agreement.

Spouse's First Name	Spouse's Last Name	Spouse's Social Insurance Number

Part 2 – Beneficiary Designation

If I have not designated my Spouse as successor Holder, or if I have but he or she has not survived me, and where permitted by law, I hereby designate each person named below as a beneficiary of the Account entitled to receive all or a portion of the amounts payable under the Account in accordance with the terms of the Trust Agreement in the event of my death, before termination of the Account, if he or she survives me. I reserve the right to change or revoke this designation, as permitted by law, in accordance with the terms of the Trust Agreement.

Additional Beneficiaries If necessary, add particulars of additional beneficiaries on separate sheet marked Schedule A. Check if Schedule A is attached

Beneficiary First Name	Last Name	Relationship	Allocation (must add up to 100%)
			%
			%
			%
			%

I acknowledge that:

1. this successor Holder and beneficiary designation forms part of the Application and Trust Agreement for the Account and will apply to all property held under the Account on my death.
2. this successor Holder or beneficiary designation will not automatically change as a result of a future relationship or relationship breakdown and it may be necessary to complete a new designation for this purpose.
3. in certain provinces and territories, a disposition of the Account in the event of my death can only be made by Will, and I am solely responsible for ensuring that this successor Holder and beneficiary designation is valid under the laws of Canada, its provinces or territories and that it is changed when appropriate.
4. if I am domiciled in Canada when I die, this successor Holder and beneficiary designation will be governed by the laws of the province or territory of my domicile at the time of my death.
5. if I am not domiciled in Canada when I die, the laws of the province or territory where I was domiciled at the time of execution of this form will apply. Otherwise, the laws of Ontario will apply.

Date _____ **Province or Territory of Execution** _____

Holder's Signature _____

Acceptance by Educators Financial Group Inc. as an Agent for The Royal Trust Company _____