



EDUCATORS FINANCIAL GROUP INC. DESIGNATION OF BENEFICIARIES

2225 Sheppard Avenue East,
Suite 1105
Toronto, Ontario
M2J 5C2

Plan Owner's First Name	Plan Number	Date	Type of Tax Plan (Check one only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Retirement Savings Plan
Plan Owner's Last Name	Social Insurance Number		<input type="checkbox"/> Retirement Income Fund
<input type="text"/>	<input type="text"/>		

BENEFICIARY DESIGNATION

1	First Name	Last Name	Relationship
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Number & Name (Apt. No.)		Social Insurance Number
	<input type="text"/>		<input type="text"/>
	City / Town		
	<input type="text"/>		
	Province	Postal Code	Percentage of Entitlement
	<input type="text"/>	<input type="text"/>	<input type="text"/> %
2	First Name	Last Name	Relationship
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Number & Name (Apt. No.)		Social Insurance Number
	<input type="text"/>		<input type="text"/>
	City / Town		
	<input type="text"/>		
	Province	Postal Code	Percentage of Entitlement
	<input type="text"/>	<input type="text"/>	<input type="text"/> %
3	First Name	Last Name	Relationship
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Number & Name (Apt. No.)		Social Insurance Number
	<input type="text"/>		<input type="text"/>
	City / Town		
	<input type="text"/>		
	Province	Postal Code	Percentage of Entitlement
	<input type="text"/>	<input type="text"/>	<input type="text"/> %
4	First Name	Last Name	Relationship
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Number & Name (Apt. No.)		Social Insurance Number
	<input type="text"/>		<input type="text"/>
	City / Town		
	<input type="text"/>		
	Province	Postal Code	Percentage of Entitlement
	<input type="text"/>	<input type="text"/>	<input type="text"/> %
5	First Name	Last Name	Relationship
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street Number & Name (Apt. No.)		Social Insurance Number
	<input type="text"/>		<input type="text"/>
	City / Town		
	<input type="text"/>		
	Province	Postal Code	Percentage of Entitlement
	<input type="text"/>	<input type="text"/>	<input type="text"/> %

I hereby revoke all previous beneficiary designations made in respect of the above identified Retirement Savings Plan or Retirement Income Fund ("Tax Plan"), including any such designation made in my will, and I designate the person(s) named above as the beneficiary(ies) of my Tax Plan to receive their Percentage of Entitlement (as indicated above) to the proceeds of the Tax Plan on my death. If no Percentage of Entitlement is stated above (or the Percentages of Entitlement do not add up to 100%), I direct that the proceeds of my Tax Plan be divided equally among the surviving beneficiaries or paid to the surviving beneficiary on my death, as the case may be. If any person named above predeceases me, I direct that their Percentage of Entitlement (as indicated above) be divided equally among the surviving beneficiaries or paid to the surviving beneficiary on my death, as the case may be. If none of the persons named above survives me, I direct that the proceeds of my Tax Plan be paid to my estate on my death.

For Royal Trust Tax Plans, this beneficiary designation forms part of the Application and Declaration of Trust for the Tax Plan and will apply to all property held under the Tax Plan at my death. It is the intention of the parties that the Declaration of Trust and this beneficiary designation be construed as constituting a trust.

This beneficiary designation and my Tax Plan will be governed by and construed in accordance with the laws of the place in Canada where it is executed. I am solely responsible for ensuring that this beneficiary designation is valid under the law of that place.

Quebec residents:

— This form **may** be used to designate a beneficiary for an Educators Financial Group Inc. Tax Plan opened after **January 1, 1994**.

Place of Execution

Date

Accepted by Educators Financial Group Inc.
as Trustee for The Royal Trust Company

Signature of Owner

Signing Officer