

Contingent Beneficiary Designation Form

Branch/Dealer Information: Annuitant Name:	Account Number: Type of Plan
Beneficiary Designation:	
Name:	Relationship to
Address:	Annuitant:
City, Province:	Social Insurance Number :
Postal Code:	

Designation of Beneficiaries

□ Successor Annuitant Election Applicable for RRIF, LIF, LRIF, PRIF Plans Only:

If my Plan is a retirement income fund, and if the person identified above is my spouse or common law partner, I elect to have my spouse or common law partner continue to receive all Plan payments after my death. If my successor annuitant survives me, I acknowledge that I cannot designate a beneficiary under the plan.

In accordance with the declaration of trust under the above identified retirement savings plan or retirement income fund (the "Plan"), I hereby revoke all previous beneficiary designations made in respect of the Plan, including any such designation made in my will, and I designate the person identified above as the Plan beneficiary entitled to receive all amounts payable under the Plan upon my death.

If the person identified above predeceases me, I designate the person(s) identified below as the beneficiary(s) of my Plan to receive their Percentage of Entitlement (as indicated below) of the proceeds of the Plan on my death.

Name and Address	Relationship	Social Insurance Number	Percentage of Entitlement

Contingent Beneficiary(ies):

Note: Percentage of Entitlement must total 100%

If no Percentage of Entitlement is stated above (or the Percentage of Entitlement do not add up to 100%), I direct that the proceeds of my Plan be divided equally among the surviving beneficiary(ies) or paid to the surviving beneficiary on my death, as the case may be. If any person identified above predeceases me, I direct that their Percentage of Entitlement (as indicated above) be divided equally among the surviving beneficiary(ies) or paid to the surviving beneficiary (ies) or paid to the surviving beneficiary on my death as the case may be. For greater certainty, the share of a deceased beneficiary will go in equal portions to the surviving beneficiaries. If none of the person(s) identified above survive me, I direct that the proceeds of my Plan be paid to my estate on my death.

This beneficiary designation forms part of the application and declaration of trust for the Plan and will apply to all property held under the Plan on my death.

In certain provinces or territories, a beneficiary designation, or any revocation thereof, can only be made by will. In some cases, the rights of my spouse or partner as may be defined under applicable provincial law may override any such beneficiary designation. Also, a beneficiary designation will not automatically

change as a result of a future relationship or relationship breakdown; it may be necessary to designate a new beneficiary for this purpose.

I am solely responsible for ensuring that this beneficiary designation is valid under the laws of Canada, its provinces or territories and that this designation is changed when appropriate. If I am domiciled in Canada when I die, I acknowledge that this beneficiary designation will be governed by the laws of my province or territory of domicile at the time of my death. If I am not domiciled in Canada at the time of my death, then 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.

I have expressly requested that this document be drawn up in the English language only./ J'ai expressément demandé que ce document soit rédigé en langue anglaise seulement.

Province or Territory of Execution: ______ Annuitant's Signature: ______

Date: _____

Compliance Officer's Approval and acceptance of, as Agent for The Royal Trust Company

Date of Approval: _____