Tax-Free Savings Account (TFSA)

Successor Holder or Other Beneficiary Designation Form

Holder Name: _____ Account Number: _____

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.

First Name	Last Name	Social Insurance Number

PRIMARY BENEFICIARY DESIGNATION(S)

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.

1

First Name	Last Name	Relationship
Street Number & Name (Apt. No)		Social Insurance Number
City, Province	Postal Code	% Percentage of Entitlement

2

First Name	Last Name	Relationship
Street Number & Name (Apt. No)		Social Insurance Number
City, Province	Postal Code	% Percentage of Entitlement

3

First Name	Last Name	Relationship
Street Number & Name (Apt. No)		Social Insurance Number
City, Province	Postal Code	% Percentage of Entitlement

4

First Name	Last Name	Relationship
Street Number & Name (Apt. No)		Social Insurance Number
City, Province	Postal Code	% Percentage of Entitlement

TOTAL PERCENTAGE ENTITLEMENT MUST EQUAL 100% **100 %**

CONTINGENT BENEFICIARY DESIGNATION(S)

Contingent beneficiaries receive proceeds only if all applicable primary beneficiaries do not survive the Holder.

1

First Name | Last Name | Relationship

Street Number & Name (Apt. No) | Social Insurance Number

City, Province | Postal Code | Percentage of Entitlement %

2

First Name | Last Name | Relationship

Street Number & Name (Apt. No) | Social Insurance Number

City, Province | Postal Code | Percentage of Entitlement %

3

First Name | Last Name | Relationship

Street Number & Name (Apt. No) | Social Insurance Number

City, Province | Postal Code | Percentage of Entitlement %

4

First Name | Last Name | Relationship

Street Number & Name (Apt. No) | Social Insurance Number

City, Province | Postal Code | Percentage of Entitlement %

5

First Name | Last Name | Relationship

Street Number & Name (Apt. No) | Social Insurance Number

City, Province | Postal Code | Percentage of Entitlement %

TOTAL PERCENTAGE ENTITLEMENT MUST EQUAL 100% **100 %**

Percentages: If no percentage is stated above, or if the percentages do not add up to 100% and all of the contingent designated beneficiaries survive the Holder, the undersigned Holder directs the Account proceeds or property to be divided equally among the contingent designated beneficiaries.

Survival: If any contingent designated beneficiary dies before the Holder, or at the same time or in circumstances rendering it impossible to determine which died first, the undersigned Holder directs that the Account proceeds or property that would have been paid to the deceased contingent beneficiary be divided equally among the surviving contingent designated beneficiaries.

Future Changes: The undersigned Holder acknowledges that:

- a designation does not automatically change as a result of amendments to the Trust Agreement, or a future relationship or relationship breakdown of the Holder, and
- in order to add, delete or replace a designated beneficiary, a new designation form must be completed, signed and delivered to Educators Financial Group Inc. as agent for The Royal Trust Company.

Governing Law: The undersigned Holder acknowledges that, if the Holder is:

- domiciled in a province or territory of Canada on his or her death, any designation made on this Form will be governed by the laws of that province or territory, and
- not domiciled in Canada on his or her death, any designation made on this Form will be governed by the laws of Ontario.

Payment in Respect of Incapacitated Person: The undersigned Holder acknowledges and agrees that Account proceeds may not be paid directly to a successor Holder or a designated beneficiary who is an incapacitated person at the time of the Holder's death, and may be paid into court.

Discharge: The undersigned Holder agrees that payment of Account proceeds or property to a designated beneficiary, the Holder's estate or a court discharges The Royal Trust Company and Educators Financial Group Inc. as agent for The Royal Trust Company.

Declaration of Rights: The undersigned Holder declares that any Account property passing to a designated beneficiary, including any income, capital gain or other benefit arising from such property, shall remain the exclusive property of the designated beneficiary and be excluded from the designated beneficiary's net family property, community of property or the value of the designated beneficiary's assets for the purposes of division of property on separation, divorce, annulment or death to the extent allowed by law.

All previous beneficiary designations are revoked and replaced by this designation.

E-designation: Where the Holder chooses to use an e-signature to sign this form (E-designation), he/she understands that an E-designation is valid as an original wet signed form, but is also deemed to:

- understand that there is a risk that the beneficiary designation may later be found to be invalid if, on his/her death, he/she is domiciled in a jurisdiction that does not allow E-designations, and that the consequences include that the designated beneficiary(ies) will not receive the Plan proceeds which will instead be paid to the annuitant's estate; and
- agree that neither Educators Financial Group Inc. nor The Royal Trust Company has any responsibility or liability for any losses or damages that may result from an E-designation.

_____

Province or Territory of Execution

_____ _____

Holder Signature Date

Accepted, on behalf of Educators Financial Group Inc. as agent for The Royal Trust Company, by

_____ _____

Compliance Officer Approval Date