Beneficiary Designation for Registered Plans Form

Annuitant Name: _____

Account Number: _____

Type of plan: ☐ RRSP ☐ RRIF ☐ LIF ☐ LIRA ☐ LRIF ☐ RLIF

PRIMARY BENEFICIARY DESIGNATION(S)

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 %**

Please check box if electing for Successor Annuitant:

☐ Successor Annuitant Election *(Applicable for RRIF, LIF, LRIF, and RLIF 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.

CONTINGENT BENEFICIARY DESIGNATION(S)

Contingent beneficiaries receive proceeds only if all applicable primary beneficiaries predecease the Annuitant.

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 Annuitant, the undersigned Annuitant directs the Plan proceeds or property to be divided equally among the contingent designated beneficiaries.

Survival: If any contingent designated beneficiary dies before the Annuitant, or at the same time or in circumstances rendering it impossible to determine which died first, the undersigned Annuitant directs that the Plan 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 Annuitant acknowledges that:

- a designation does not automatically change as a result of amendments to the Declaration of Trust, or a future relationship or relationship breakdown of the Annuitant, 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 Annuitant acknowledges that, if the Annuitant 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 Annuitant acknowledges and agrees that Plan proceeds may not be paid directly to a designated beneficiary who is an incapacitated person at the time of the Annuitant's death, and may be paid into court.

Discharge: The undersigned Annuitant agrees that payment of Plan proceeds or property to a designated beneficiary, the Annuitant'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 Annuitant declares that any Plan 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 Annuitant 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

_____ _____

Annuitant Signature Date

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

_____ _____

Compliance Officer Approval Date