

Client Signature

Account / Plan Update Form

| Account Holder Last Name | | First name | Init. | |
|--|---|--|--|----------------------|
| | | | | |
| Social Insurance Number | | Home Telephone Number | | |
| Email Address | | | | |
| Account Number | | Plan Number(s) | | |
| | | | | |
| | I Information Update | | | |
| Address Update: | | | | |
| NEW ADDRESS | | | | |
| City | | Province | Postal Code | |
| Personal Information | ı Update: | | | |
| ☐ Information Disclosure | ☐ Telephone Numbe | er Email Address | ☐ Other: | |
| Enter Updated Information | | | | |
| Beneficiary Change | I revoke any previous desig | gnation of beneficiary/succe | ssor holder with respect to my interest in my Plan. | |
| RSP/Spousal RSP/LIRA | | • | essor holder with respect to my interest in my Plan. date of my death. I reserve the right to revoke this designation.: | |
| RSP/Spousal RSP/LIRA I designate the person name Name of Beneficiary: | d below as beneficiary of my Pl | lan if that person is living at the | date of my death. I reserve the right to revoke this designation.: | |
| RSP/Spousal RSP/LIRA I designate the person name Name of Beneficiary: | d below as beneficiary of my Pl | lan if that person is living at the | date of my death. I reserve the right to revoke this designation.: | |
| RSP/Spousal RSP/LIRA I designate the person name Name of Beneficiary: Relationship to Me: This designation may not be this form or in your will, the p | d below as beneficiary of my Pl valid in all provinces. If the beneficeeds of this Plan will be paid | lan if that person is living at the neficiary is not living at the date of the | date of my death. I reserve the right to revoke this designation.: | |
| RSP/Spousal RSP/LIRA I designate the person name Name of Beneficiary: Relationship to Me: This designation may not be this form or in your will, the p | d below as beneficiary of my Pl valid in all provinces. If the ben roceeds of this Plan will be pair , please check if applicable) I e | lan if that person is living at the neficiary is not living at the date of the | date of my death. I reserve the right to revoke this designation.: | |
| RSP/Spousal RSP/LIRA I designate the person name Name of Beneficiary: Relationship to Me: This designation may not be this form or in your will, the p (For RIF, LIF or LRIF only relevant Fund, provided the TFSA A. Designation of success In the event of my death, I d successor holder and benefit | valid in all provinces. If the ben roceeds of this Plan will be pair, please check if applicable) I e Fund is still active on my death or holder (for all provinces and esignate my spouse or commor ciary (under Designation of Ben | lan if that person is living at the neficiary is not living at the date of to your estate. lect that my spouse continue to or until the Fund ceases. | date of my death. I reserve the right to revoke this designation.: | |
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| RSP/Spousal RSP/LIRA I designate the person name Name of Beneficiary: Relationship to Me: This designation may not be this form or in your will, the p (For RIF, LIF or LRIF only relevant Fund, provided the TFSA A. Designation of success In the event of my death, I d successor holder and benefi precedence. The successor Last Name B. Designation of beneficial If I have designated my spoul or common-law partner on the of my death. If a beneficiary | valid in all provinces. If the ben roceeds of this Plan will be pair, please check if applicable) I e Fund is still active on my death or holder (for all provinces and esignate my spouse or commor ciary (under Designation of Benholder may, after my death, review First Name | lan if that person is living at the date of the decision of th | date of my death. I reserve the right to revoke this designation.: | tak |
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Date