

**GENERAL INFORMATION**

Survivor annuitant / holder designation and/or beneficiary designation made under this form may not be valid in some provinces and territories. The designations made under the terms hereof shall only apply in those provinces or territories where legislation permits it.

**INFORMATION ON THE ANNUITANT / HOLDER**

First and Last Name of Annuitant / Holder \_\_\_\_\_ Date of birth (YYYY MM DD) \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
Address \_\_\_\_\_

**INFORMATION ON THE ACCOUNT**

This designation or change only applies to ONE of the account (RRSP, LIRA/LRSP/Restricted RSP, RRIF, LIF/Restricted LIF, TFSA) of the annuitant / holder duly identified below (hereinafter the "Plan").

Account No.: \_\_\_\_\_ (Enter only one account No.)

Name of Institution \_\_\_\_\_

Address of Institution \_\_\_\_\_

**DESIGNATION OF A SURVIVOR ANNUITANT / HOLDER (ALSO KNOWN AS SUCCESSOR ANNUITANT / HOLDER)**

**RRIF:** In accordance with the terms governing the registered retirement income fund hereinabove, in the event of my death, I elect to have the payments from this fund continue to be paid to my spouse or common-law partner, who will become the survivor annuitant of the fund within the meaning of Section 146.3 of the *Income Tax Act* (Canada).

**TFSA:** In accordance with the terms governing the tax-free savings account hereinabove, in the event of my death, I designate my spouse or common-law partner to become the survivor holder of the account and acquire all my rights as holder of this account within the meaning of Section 146.2 of the *Income Tax Act* (Canada), including the unconditional right to revoke any beneficiary designation made, or any similar direction imposed regarding the account and/or the assets in the account.

First and Last Name of the spouse or common-law partner \_\_\_\_\_ Date of birth (YYYY MM DD) \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
Address \_\_\_\_\_

**DESIGNATION OF BENEFICIARY**

In accordance with the terms governing the Plan, I designate the following persons as beneficiaries of all proceeds payable under the Plan, if they survive me.

**Primary Designation**

First and Last Name	Address	Social Insurance No.	% of distribution

**Contingent Designation (only applies if there are no surviving primary beneficiaries on the date of the annuitant's / holder's death).**

First and Last Name	Address	Social Insurance No.	% of distribution

**ATTENTION: The same beneficiary cannot be designated both as primary and contingent beneficiary.**

**SIGNATURE OF ANNUITANT / HOLDER**

I have read, understood and I accept the terms and conditions hereof and I revoke all previous survivor annuitant / holder and beneficiary designation made with respect to the Plan, including any such designation made in a will.

I hereby acknowledge that the designation of a survivor annuitant / holder and/or the designation of beneficiary hereinabove has legal and tax consequences. I acknowledge that the Institution has not provided me with any legal or fiscal advice or representation of any other nature related to this designation form and I release the Institution from any liability in this respect.

I hereby acknowledge that I am solely responsible for ensuring that the designations made under this form are valid under the applicable legislation in my province (or territory) of residence, for obtaining the relevant confirmations in respect of its enforceability and for making appropriate changes to it in a timely manner.

I hereby release the Institution from any and all liability of whatever nature with respect to the validity, enforceability and effectiveness of the designations made under this form at the time of my death.

Date (YYYY MM DD) \_\_\_\_\_ Signature of Annuitant / Holder \_\_\_\_\_

**RESERVED FOR THE INSTITUTION**

Date (YYYY MM DD) \_\_\_\_\_ Authorized signature \_\_\_\_\_

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## TERMS AND CONDITIONS

In this document, the term "Institution" designates the financial institution where the account has been opened, the name and address of which are indicated on the previous page, and the trustee of the Plan, if applicable.

The annuitant / holder can designate herein a survivor annuitant / holder as well as one or several beneficiaries to receive the proceeds payable under the Plan. This designation shall only be effective in those provinces and territories where legislation permits it.

This designation is an integral part of the application form and the agreements governing the Plan and shall apply to all assets in the Plan upon the annuitant's / holder's death.

**Designation of Survivor Annuitant / Holder.** The designation shall take effect only if the spouse or common-law partner is alive and is still the spouse or common-law partner of the annuitant / holder at the time of the latter's death.

**Designation of Beneficiary.** Any designation of beneficiary under the terms hereof shall take effect only if there is no survivor annuitant / holder designated under the Plan or if he/she is no longer alive or if he/she is no longer the spouse or common-law partner of the annuitant / holder upon the latter's death.

If the initial beneficiaries designated are still alive upon the annuitant's / holder's death, all proceeds payable under the Plan will be paid to them in equal parts, unless a different proportion has been specified on the face of this document and the distribution percentages indicated total 100%.

If none of the initial beneficiaries is still alive upon the annuitant's / holder's death, all proceeds payable under the Plan will be paid to the contingent beneficiaries in equal parts, unless a different proportion has been specified on the face of this document and the distribution percentages indicated total 100%.

If one or more of the beneficiaries designated above dies before the annuitant / holder, the proportion of the rights attributed to them shall be divided into equal parts and paid to the other surviving beneficiaries of the same category above or remitted to the sole survivor among them.

**Amendment and Revocation:** Any designation under the terms hereof may be amended or revoked without the consent of the survivor annuitant / holder or beneficiary, but only upon signing a new "Designation and Change of Beneficiary" form, a will or any other written document dated and signed by the annuitant / holder, the form and content of which shall be acceptable to the Institution and which specifically identifies the Plan.

Any designation, amendment and/or revocation shall take effect on the date it is received by the Institution. Should more than one designation be filed with the Institution, only the designation duly signed by the annuitant / holder and bearing the most recent date shall be considered.

**CAUTION:** In some provinces and territories, notably Manitoba, the designation of a beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation. The annuitant / holder is solely responsible for making the appropriate verifications and amendments in a timely manner.

**Locked-In Plans.** In certain provinces and territories, retirement plan legislation provides that any rights to the proceeds of a locked-in plan, RSP or RIF automatically vest in the surviving spouse. In such cases, a beneficiary designation in favour of a person other than the spouse shall be effective only if the annuitant has no surviving spouse at the time of death, as defined under applicable legislation.

**Applicable Legislation.** This designation shall be governed and construed in accordance with the laws of the province of residence of the annuitant / holder.