

New Account or Change to Existing Account

1. Annuitant Information

<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs.	Applicant Surname	Given Names	Social Insurance Number
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			
Account Number			

2. Designation of Multiple Beneficiaries

Please consult your lawyer or estate planning professional regarding issues related to your beneficiary designations and changes which may be required to your will to give effect to your designations.

I hereby designate the person(s) set out below to receive the indicated percentage of my Plan assets upon my death.

A. Beneficiary

<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs.	Surname	Given Names	% of Plan assets designated
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	%		
Residential Address (if different than yours)		Relationship to you	Date of Birth (mm/dd/yyyy)
City	Province	Postal Code	Social Insurance Number

B. Beneficiary

<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs.	Surname	Given Names	% of Plan assets designated
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	%		
Residential Address (if different than yours)		Relationship to you	Date of Birth (mm/dd/yyyy)
City	Province	Postal Code	Social Insurance Number

C. Beneficiary

<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs.	Surname	Given Names	% of Plan assets designated
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	%		
Residential Address (if different than yours)		Relationship to you	Date of Birth (mm/dd/yyyy)
City	Province	Postal Code	Social Insurance Number

D. Beneficiary

<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs.	Surname	Given Names	% of Plan assets designated
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	%		
Residential Address (if different than yours)		Relationship to you	Date of Birth (mm/dd/yyyy)
City	Province	Postal Code	Social Insurance Number

3. Annuitant Signature

I agree to the Beneficiary Designation Terms and Conditions set out in the Client Disclosure Document delivered to me.

Annuitant's Signature

Province or Territory of Execution

Date (mm/dd/yyyy)