

New Account or Change to Existing Account

1. Holder 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.

Where permitted by law, and if I have not designated a successor Holder or if I have but they did not survive me, I hereby designate each person named below as a beneficiary of the Account entitled to receive the indicated percentage of my Account assets upon my death before termination of the Account if he or she survives me. If no beneficiary survives me, the proceeds of my Account will be distributed to my estate. I reserve the right to change or revoke this designation as permitted by law.

A. Beneficiary

<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs.	Surname	Given Names	% of Account 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 Account 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 Account 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 Account 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. Holder Signature

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

Holder's Signature

Province or Territory of Execution

Date (mm/dd/yyyy)