

Account number: _____

Account type: _____

15 York Street, 2nd Floor Toronto, ON M5J 0A3 Canada
Phone: 1.877.310.1088 Fax: 416.288.8611

NOT FOR USE BY PERSONS DOMICILED IN THE PROVINCE OF QUEBEC.

Account Holder/Annuitant Information

☐ Mr.

☐ Mrs.

Last name

First name & initials

Mandatory

Social Insurance Number

(mm/dd/yyyy)

Home Address

Apt.

Birth Date

City

Province

Postal Code

Home Phone Number

Business Phone Number

This Beneficiary & Beneficiary Contingency Beneficiary Designation Form is to apply to the above identified registered plan (the "Registered Plan") and will apply to all assets held under the Registered Plan. (Provide only one account number. Should you wish to designate beneficiaries and contingency beneficiaries for more than one account, a separate form for each account is required.)

Designation of Beneficiary

I understand that I am solely responsible for ensuring that the designation below is legally valid. I have received a copy of the Declaration of Trust of the Registered Plan and I am familiar with the contents thereof. In most provinces, pension legislation requires benefits from a pension plan to be paid to your spouse. If you have named someone other than your spouse as beneficiary, pension legislation may override this designation. If a beneficiary(ies) die before you unless otherwise specified on this form, we will make such transfer or payment of their portion to your legal personal representative. If you appoint more than one beneficiary (or contingent beneficiary, as the case may be), benefits will be paid in equal shares unless you specify otherwise below. I hereby revoke any previous beneficiary designation made in respect thereof and hereby designate the following as Beneficiary of the proceeds payable under such Plan in the event of my death:

1.

Name of beneficiary in full

Relationship to Account Holder

Address of Beneficiary

Social Insurance Number

Percentage Payable

2.

Name of beneficiary in full

Relationship to Account Holder

Address of Beneficiary

Social Insurance Number

Percentage Payable

3.

Name of beneficiary in full

Relationship to Account Holder

Address of Beneficiary

Social Insurance Number

Percentage Payable

Designation of Contingent Beneficiary

If the above named Beneficiary is **not living** at the time of my death, I hereby designate the following as **Contingent Beneficiary**:

1.

Name of beneficiary in full

Relationship to Account Holder

Address of Beneficiary

Social Insurance Number

Percentage Payable

2.

Name of beneficiary in full

Relationship to Account Holder

Address of Beneficiary

Social Insurance Number

Percentage Payable

If the above-named Contingent Beneficiary is not living at the time of my death, the proceeds of the Plan will be paid to my estate.

Account Holder/Annuitant Signature


Dated at _____ province of _____ this _____ day of _____, 20____.

Account Holder/Annuitant Signature

Name of Witness (print). Must not be related to Beneficiary

Signature of Witness

Accepted on behalf of Canadian Western Trust
Company by its Agent, CI Investment Services Inc.



Authorized Signature of Agent

Date

NOTES:
CAUTION: i) In certain provinces, a beneficiary designation or any revocation thereof may be made only by a will and accordingly a beneficiary designation made herein may not be valid. Your beneficiary designation may not automatically change as a result of your future marriage or marriage breakdown. ii) Electronic beneficiary designations may be accepted but may not be legally valid/enforceable/honoured, and if providing a beneficiary designation electronically you are strongly encouraged to also provide such beneficiary designation in ink. It is your sole responsibility to ensure that the beneficiary designation is effective and changed when appropriate.

QUEBEC: Any beneficiary designations made using this form by a person domiciled in Quebec, either at the time of execution or at the time of their death, may not be honoured and the assets of the Registered Plan may be payable to the estate of the deceased.

GOVERNING LAW: If you are domiciled in Canada when you die, this form will be governed by the laws of your province/territory of domicile at that time. If you are not, the laws of your Canadian province/territory of domicile at the time of execution of this form will apply. Otherwise, the laws of Ontario will apply.

(05-2021)
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