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CHANGE OF BENEFICIARY FORM FOR RRSP

Complete separate form for each contract you wish to make a beneficiary change for and forward the form(s) to the address given above.

1. General Information

SHAREHOLDER

Last Name _____ First name _____

Y Y Y Y M M D D
Date of Birth

Contract No. affected by the change (RRSP account)

Social Insurance Number

TO BE COMPLETED IF SHAREHOLDER CHANGES ADDRESS AND/OR TELEPHONE NUMBER

Address _____ City/Town _____ Apt. _____

Province _____ Postal Code _____ Home Telephone _____ Work Telephone _____ Ext. _____

2. Consentment of the current RRSP Beneficiary, if irrevocable

THE CURRENT IRREVOCABLE DESIGNATED BENEFICIARY MUST COMPLETE AND SIGN THIS SECTION INDICATING THEIR CONSENTMENT BEFORE A NEW BENEFICIARY DESIGNATION MAY BE ALLOWED.

I _____ designated as the irrevocable beneficiary of the registered retirement savings plan identified
First and Last Name of current irrevoca ble beneficiary

in Section 1 above "GENERAL INFORMATIONI" hereby waive my irrevocable status and consent to be redesignated as a revocable beneficiary.

Signature of Current irrevocable Beneficiary _____ Y Y Y Y M M D D Date

3. Designation of a new beneficiary to the RRSPR

In the event of death, the amounts retained in my name will be payable (select A or B):

☐ **A – My estate**

OR

☐ **B – Beneficiary(ies) designated below, based on the percentage indicated in the "Shared (%)" column**

Last Name, First Name	Other relationship to the shareholder, if applicable	Spouse		Revocable	Irrevocable	Shared (%)
		legal	Common-law			
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	

NOTICE In Quebec, unless indicated otherwise, the designation of the married or civil union spouse is IRREVOCABLE. The designation of all other beneficiaries is REVOCABLE. The designation of a revocable beneficiary may be changed at any time but that of an irrevocable beneficiary may be changed only upon the written consent of the beneficiary. If a minor child is designated as an irrevocable beneficiary, that beneficiary designation cannot be changed until the child reaches the age of majority and is able to give his/her legal consent by signing the appropriate form.

If I should die before all my designated beneficiaries and if no percentage (%) has been indicated in one or more of the "Shared (%)" boxes, or if the sum of the percentages is not equal to 100%, I request that the amount in my account be divided at the time of my death into equal parts among the surviving designated beneficiaries. If there is only a single beneficiary designated when I die, such beneficiary shall receive the entire amount in my account.

If one (or more) designated beneficiaries predecease me, I request that their percentage of the entitlement (as indicated hereinabove in Section 5) be divided into equal parts among the surviving designated beneficiaries. If only a single designated beneficiary remains after my death, such beneficiary shall receive the entire amount in my account. If none of the designated beneficiaries survives me, I request that the amount in my account at the time of my death be paid to my estate.

X _____ Y Y Y Y M M D D
Signature of Shareholder Date

The Shareholder will receive written confirmation of the change. Note that the validity of the change or of any new benficiary designation are subject to applicable legislation.

4. Fondaction Authorized Person

RF number _____ RF Last name _____ RF First name _____ Signature _____

This form duly completed, signed and sent to Fondaction, constitutes the original document