

<b>RRIF Contract No.</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Member Account No.</b> <input style="width: 100%; height: 20px;" type="text"/>
<b>Annuitant's Name (Surname first and at least one Given Name)</b> <input style="width: 100%; height: 20px;" type="text"/>	

SELECT ONE

Designation of Beneficiary (not successor annuitant)       Change of Beneficiary

I \_\_\_\_\_ of \_\_\_\_\_ in the Province of Ontario, the annuitant under the Registered Retirement Income Fund referred to above do hereby declare that all sums falling due thereunder on or after my death be paid to:

**Beneficiary(s):** If more than one beneficiary appointed, **they share equally** or if one beneficiary is deceased, all funds go to the surviving beneficiary(s).

Name: _____	Relationship: _____
Address: _____	SIN: _____
Name: _____	Relationship: _____
Address: _____	SIN: _____
Name: _____	Relationship: _____
Address: _____	SIN: _____
Name: _____	Relationship: _____
Address: _____	SIN: _____

a) The benefits payable after my death shall be paid to my estate, if no Beneficiary designated herein survives me.

b) I hereby revoke all prior Designation of Beneficiary made by me under this plan.

**CAUTIONS:**    1.    **Your designation of 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.**

Date		
<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	_____ Witness Signature (other than beneficiary)	_____ Annuitant's Signature
_____ Print Witness Name and Address		