

Beneficiary Change Form



In the absence of a designated beneficiary, successor annuitant or successor holder, the proceeds of your Plan will be paid to your estate.

PART 1: ACCOUNT INFORMATION

CLIENT NAME _____

PLAN # _____

PART 2: SUCCESSOR ANNUITANT, SUCCESSOR HOLDER & BENEFICIARY REVOCATION

- I hereby revoke any previous successor annuitant designation, successor holder designation and any previous beneficiary designation with respect to the above noted Plan.

PART 3: SUCCESSOR ANNUITANT & BENEFICIARY DESIGNATION (REGISTERED PLANS, EXCLUDING TFSA ACCOUNTS)

Please select **ONE** of the following options:

- I hereby appoint my spouse¹, if living at the time of my death, to continue to receive payments as successor annuitant under the above noted Plan. I reserve the right to revoke this designation.

SPOUSE'S NAME _____

SPOUSE'S SOCIAL INSURANCE # _____

OR

- If the successor annuitant named above, if any, predeceases me or I have not elected any successor annuitant under my above noted Plan, then I hereby designate the following person as the beneficiary designated to receive the proceeds of the Registered Plan if living at my death. I reserve the right to revoke this designation.

NAME _____

RELATIONSHIP _____

ADDRESS _____

PROVINCE _____

POSTAL _____

PART 4: SUCCESSOR HOLDER & BENEFICIARY DESIGNATION (TFSA ACCOUNTS ONLY)

Please select **ONE** of the following options:

- In the event of my death, I hereby designate my spouse, if living at the time of my death, as the successor holder under the above noted Plan. I reserve the right to revoke this designation.

SPOUSE'S NAME _____

SPOUSE'S SOCIAL INSURANCE # _____

OR

- If the successor annuitant named above, if any, predeceases me or I have not elected any successor annuitant under my above noted Plan, then I hereby designate the following person as the beneficiary designated to receive the proceeds of the TFSA if living at my death. I reserve the right to revoke this designation.

NAME _____

RELATIONSHIP _____

ADDRESS _____

PROVINCE _____

POSTAL _____

PART 5: SIGNATURE

DATED AT _____ THIS _____ DAY OF _____

PLAN HOLDER SIGNATURE _____

WITNESS/AGENT SIGNATURE _____

PRINT NAME OF WITNESS/AGENT _____

¹Spouse refers to a person recognized as your spouse or common-law partner for the purposes of the Income Tax Act (Canada).

Community Trust Company is committed to protecting the personal information of our clients. Personal information obtained in the course of doing business with you is not collected, used or disclosed except in compliance with governing legislation, including Canada's Personal Information Protection and Electronic Documents Act (PIPEDA).