

Trust Beneficiary Form



New Amendment

This form is not to be used to designate beneficiary or successor holder/qualified beneficiary/successor annuitant on any registered plan.

ACCOUNT NUMBER	ACCOUNT NAME	TOTAL AMOUNT OF DEPOSIT \$
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Trustee information

Trustee Name	Address	City	Province	Postal Code

Beneficiary information

Beneficiary Name (add each individual beneficiary in the separate lines below)	Share of Trust Account (\$ or %)	Address	City	Province	Postal Code

SIGNATURE OF TRUSTEE

X

DATE (MM/DD/YY)