

Beneficiary Change Form

Last Updated: December 2024



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).

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