

INDIVIDUAL SAVINGS AND RETIREMENT
REQUEST FOR CHANGE WITH REGARDS TO
THE ANNUITANT / APPLICANT / BENEFICIARY

Check here if the document was previously sent by fax.

Agency	Code	Agent	Code	S.U.	Date of the request Y M D
Contract no.		Annuitant's last and first name			FundServ contract Dealer code Intermediary code

A **CHANGE OF ADDRESS** Effective date Y M D

No. Street Apartment PO Box

City Province Postal code

Email Telephone no.: Home Office
Area code Area code

B **CHANGE OF BENEFICIARY AND CONTINGENT BENEFICIARY** Complete Section M - SIGNATURES

Beneficiary's last and first name	Sex	Age	%	Type	*Relationship to the applicant (residents of Quebec)	*Relationship to the annuitant (residents outside Quebec)
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Revocable* <input type="checkbox"/> Irrevocable*		
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Revocable* <input type="checkbox"/> Irrevocable*		

NEW irrevocable beneficiary's signature _____
Contingent beneficiary: For the 1st beneficiary _____ For the 2nd beneficiary _____

N.B. The contingent beneficiary only acquires rights upon the death of the beneficiary to whom he/she is contingent.

C **CHANGE OR DESIGNATION OF A TRUSTEE FOR A BENEFICIARY** Complete Section L - SIGNATURES

I hereby appoint the following person as trustee to receive the benefits payable to any beneficiary who has not reached legal age or who does not have the legal capacities necessary to provide release. This designation is revocable and applies until the said beneficiary reaches legal age.

Last name of trustee First name of trustee Relationship to the annuitant

N.B. It is recommended that a trustee be appointed for any minor beneficiary or for any beneficiary who may not be able to provide proper release.

D **CHANGE OF APPLICANT OR ANNUITANT (Non-registered plans only)** Complete Section L - SIGNATURES

Applicant Annuitant

- ➔ If the contract includes a CID or CIDE benefit, it will be automatically withdrawn. If you wish to obtain one of these benefits for the new applicant, please complete the required form according to the contract.
- ➔ If the method of payment is PAC, do not forget to make the applicable banking changes, if necessary using a F51-153A(1) form.
- ➔ The new applicant should designate a new beneficiary. In the absence of a new designation, the default beneficiary will be the applicant or his/her estate.

Last name First name

Relationship to the actual applicant Date of birth Y M D SIN

No. Street Apartment PO Box

City Province Postal code

Email Telephone no.: Home Office
Area code Area code

Confirmation of the new applicant's or annuitant's identity (passport, driver's license, etc.)
Type of ID _____ Reference number on the ID _____
Place of issue _____

If the contract contains investments in investment funds, please have the new applicant complete the ACKNOWLEDGEMENT OF RECEIPT OF THE INFORMATION FOLDER AND F51-122A "YOUR INVESTOR PROFILE". Also, if there is a change of annuitant, have the applicant complete the REQUEST TO CHANGE THE GUARANTEE MATURITY DATE section and F13-352A "REQUEST TO CHANGE THE GUARANTEE APPLICABLE TO THE AMOUNTS INVESTED IN INVESTMENT FUNDS", if applicable.

E **DESIGNATION OF A SUCCESSOR ANNUITANT** Complete Section L - SIGNATURES

I hereby revoke any previous successor annuitant designation and designate the new successor annuitant for this contract.

Last name _____ First name _____
 Relationship to the actual annuitant _____ Date of birth _____
Y M D

IF THE APPLICANT IS ALSO THE ANNUITANT AND A SUCCESSOR ANNUITANT IS DESIGNATED, THE SUCCESSOR ANNUITANT SHALL BECOME THE APPLICANT ON THE ANNUITANT'S DEATH.

I revoke any previous successor annuitant designated for this contract.

F **ASSIGNMENT FOR COLLATERAL SECURITY (Non-registered contracts only)**

I hereby transfer and assign this contract to the assignee designated hereafter as collateral security for a debt.

Name of assignee _____
 Address of assignee No. _____ Street _____ Apartment _____
 City _____ Province _____ Postal code _____

G **NAME CORRECTION** Complete Section L - SIGNATURES

I would like to correct the name of the annuitant applicant according to the following instructions

Last name _____ First name _____
 Due to: An error on the application Legal adoption (attach adoption papers) Reinstatement of the maiden name A legal name change (attach legal documents)

H **CORRECTION TO THE DATE OF BIRTH** Complete Section L - SIGNATURES

I would like to correct the date of birth of the annuitant applicant RESP beneficiary subscriber according to the following instructions:

Date of birth Y M D _____ Due to: An error on the application (attach proof of date of birth) An error when the data was entered in the system

I **REQUEST TO CHANGE THE GUARANTEE MATURITY DATE** Complete Section L - SIGNATURES

Guarantee 2 or 6 The new maturity date must be between the annuitant's 55th and 69th birthday and must be at least 10 years from the date of the request.

New maturity date Y M D _____
 Reset the guaranteed minimum value (Modify the maturity date of the guarantee, if applicable)

Guarantee 5 The new maturity date must be between the annuitant's 60th and 69th birthday and must be at least 10 years from the date of the request.

New maturity date Y M D _____
 Reset the guaranteed minimum value (Modify the maturity date of the guarantee, if applicable)

J **ACKNOWLEDGEMENT OF RECEIPT OF THE INFORMATION FOLDER**

I acknowledge receipt of the information folder describing the main characteristics of investment funds.

Client's signature _____ **Guarantee maturity date** Y M D _____
 (if different than that established in the contract)

K **SPECIAL INSTRUCTIONS** **RESERVED FOR ADMINISTRATIVE USE**

Y M D _____

L **SIGNATURES** => Signature date

_____	_____
Applicant (before change)	New applicant
_____	_____
Irrevocable beneficiary (before change)	Agent/witness

Assignee	