Advisor's Advantage Trust™

Beneficiary Designation (For Retirement Plans)

(Tick one only)

☐ RRSP ☐ LIRA / LOCKED IN RRSP

Broker's Name

Canadian Deposit Broker Number

Advisor's Advantage Trust Account No.

First Name of Planholder

Last Name of Planholder

I hereby revoke any previous designation of beneficiary of lump sum and/or designation of spousal annuitant made by me in respect of the above referenced Plan Account (the"Plan") and make the following designation(s):

DESIGNATION OF BENEFICIARY LUMP SUM

I hereby designate the following person(s) to receive the proceeds of the Plan in a lump sum payment in the event of my death. If I have made a designation of spousal annuitant below, this designation of beneficiary of lump sum shall only apply in the event that my spouse predeceases me.

First Name of Beneficiary | Last Name of **Beneficiary**

Street Address (Residence) | Relationship to Planholder

City | Prov. | Postal Code | Percentage of entitlement * %

First Name of **Beneficiary** | Last Name of **Beneficiary**

Street Address (Residence) | Relationship to Planholder

City | Prov. | Postal Code | Percentage of entitlement * %

First Name of **Beneficiary** | Last Name of Beneficiary

Street Address (Residence) | Relationship to Planholder

City | Prov. | Postal Code | Percentage of entitlement * %

First Name of **Beneficiary** | Last Name of **Beneficiary**

Street Address (Residence) | Relationship to Planholder

City | Prov. | Postal Code | Percentage of entitlement * %

* Percentages must add to 100%. If more than one beneficiary is named and no percentage is stated, the proceeds will be divided equally between the beneficiaries. If more than one person is designated and if any of them do not survive the Planholder, the entitlement of the deceased person(s) shall be distributed equally to the person(s) who survived the Planholder.

IMPORTANT ▶ Dated at this day of (Year)

PLEASE READ CAREFULLY AND SIGN BELOW

I understand that this designation form applies only to the above referenced Plan Account and must be filed with the branch of account for the plan. I agree that this Designation is subject to the terms and conditions of the Plan. I also acknowledge the Plan issuer's recommendation that, before making this designation, I discuss with my legal advisor the validity and effect of making the Designation.

The following caution is provided in accordance with Manitoba legislation and my be applicable in other provinces and territories:
CAUTION: 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.

Signature of Planholder (as per Application Form)

X

NOTE
A witness must be a person of the age of majority and someone other than the beneficiary.

Name of Witness (please print)

Address of Witness

Signature of Witness

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