



DESIGNATION AND CHANGE OF BENEFICIARY

(National Bank of Canada, Natcan Trust Company and General Trust of Canada hereinafter sometimes individually or collectively called "the Institution")

Form fields for Account No., Date, Participant's Surname, First Name, Address (No. and Street), Social Insurance No., City, Province, Postal Code, and a gender selection box (1. Mr., 2. Mrs., 3. Miss, 4. Ms.).

It is expressly agreed by the undersigned that this designation of beneficiary shall remain in effect until it has been revoked in writing and the receipt of such revocation has been acknowledged in writing by the Institution.

The said designation of beneficiary shall apply only in those Provinces where legislation presently permits such designation.

A designation of beneficiary under the Plan may only be made, changed or revoked by a participant using a form deemed acceptable by the Institution which properly identifies the Plan and shall be signed by the participant.

The undersigned hereby revokes any previous designation of beneficiary and further designates the person mentioned hereinbelow as beneficiary of the proceeds payable under the Plan, the number of which is shown above, in the event of the death of the undersigned.

DESIGNATION OF BENEFICIARY IN CASE OF DEATH * (Not valid for Quebec)

Form fields for Surname and First Name.

Dated at _____, this _____ day of _____, 19 _____.

Address same as above [] or: _____ (Relation)

Signature of Participant _____

ONTARIO: If my spouse is designated as beneficiary, he/she shall be entitled to all the amounts payable under the Plan as well as any equal share of the net family properties under paragraph 5 of the Family Law Act, 1986. MANITOBA: The name of the beneficiary previously designated in a "Designation and Change of Beneficiary" form shall not be automatically revoked or changed as a result of a divorce or marriage.

(1) Signature of First Witness _____

(1) Name of First Witness (Please Print) _____

(2) Signature of Second Witness _____

(2) Name of Second Witness (Please Print) _____

Acknowledgement of receipt by the Institution form with fields for date and signature.

The undersigned hereby revokes any previous designation of beneficiary and further designates the person mentioned hereinbelow as beneficiary of the proceeds payable under the Plan, the number of which is shown above, in the event of the death of the undersigned.

DESIGNATION OF BENEFICIARY (Revocable) - UNSEIZABILITY * OFFERED BY NATCAN TRUST COMPANY AND GENERAL TRUST OF CANADA (Only in Quebec and those provinces where permitted by legislation.)

Form fields for Surname and First Name.

Dated at _____, this _____ day of _____, 19 _____.

(Relation) _____

Signature of Participant _____

(1) Signature of First Witness _____

(1) Name of First Witness (Please Print) _____

(2) Signature of Second Witness _____

(2) Name of Second Witness (Please Print) _____

Acknowledgement of receipt by the Institution form with fields for date and signature.

* NOTE: We recommend that you include this designation of beneficiary in your will and that you consult your legal advisor to determine the validity and scope of such designation.