

Area I - Plan Identification (one plan per form)

Registered Plan Number	Zag Account Number
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Area II - Please select ONLY ONE of the following plans

Registered Retirement Savings Plan <input type="checkbox"/>	Tax-Free Savings Account (TFSA) <input type="checkbox"/>
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Area III - Client Information

Last Name	First Name and Initials	Social Insurance Number	
Date of Birth (Y-M-D)			
Street Address			
City/Town	Province	Postal Code	Telephone Number

Area IV - Designation of Spouse or Common-Law Partner as Successor Holder (TFSA only)

<input type="checkbox"/> In the event of my death, I hereby designate my spouse or common-law partner, if living at my death, as the successor holder of this tax-free savings account in order to acquire all rights I have as the holder thereof. I reserve the right to revoke this designation at any time.	
Name of Spouse or Common-Law Partner	Social Insurance No. of Spouse or Common-Law Partner

Area V - Beneficiary Designation (all fields in this section must be completed)

I hereby revoke all previous designations relating to the aforementioned registered plan.

I designate all persons named below as beneficiaries to the benefit to be paid under the terms of the aforementioned registered plan if he/she/they is/are still alive on the date of my death. If no beneficiary survives me and I have made no further designation relative to the aforementioned registered plan, the benefit payable on my death will revert to my estate.

If more than one beneficiary is designated, the benefit payable on my death will be divided equally among them. If one of them predeceases me, the benefit payable under the aforementioned plan will be paid out in equal shares to the surviving beneficiaries.

This designation may be revoked at any time by a will or by a signed instrument.

If the beneficiary's name is left blank or a mention such as "none" is entered, I hereby declare that I wish to designate no beneficiary to the benefit payable under the terms of the aforementioned registered plan.

1 -Name of Beneficiary	Relationship to Participant	Date of Birth (Y-M-D)	
Street Address			
City/Town	Province	Postal Code	Percentage
2 -Name of Beneficiary	Relationship to Participant	Date of Birth (Y-M-D)	
Street Address			
City/Town	Province	Postal Code	Percentage
3 -Name of Beneficiary	Relationship to Participant	Date of Birth (Y-M-D)	
Street Address			
City/Town	Province	Postal Code	Percentage

Area VI - Revocation of Successor Holder or Beneficiary

I, the undersigned, _____, residing at, _____	
<i>Name of Participant</i>	<i>Address of Participant</i>
hereby revoke the designation of _____	
<i>Name of Beneficiary(ies)</i>	
as successor holder or beneficiary(ies) to the benefit payable under the terms of the aforementioned registered plan.	
I hereby also revoke all designations of successor holder or beneficiary(ies) made by me prior to the date hereof.	
_____	_____
<i>Signature of Witness</i>	<i>Signature of Participant</i>
_____	_____
<i>Name of Witness</i>	<i>Date</i>

Date: _____ Client's Signature: _____

Received by Zag Bank

Date: _____ By: _____