

**RAYMOND JAMES LTD.  
SELF-DIRECTED REGISTERED PLAN**

**DESIGNATION OF BENEFICIARY & CONTINGENT BENEFICIARIES**

Registered Plan #(s): \_\_\_\_\_

Name of Annuitant: \_\_\_\_\_

Subject to applicable law and in accordance with the Declaration of Trust for the above Registered Account(s) (the "Plan(s)"), I, the undersigned, being the Annuitant of the Plan, hereby revoke any previous Beneficiary Designation made by me in respect of the Plan(s) and I designate the following as my Designated Beneficiary to receive all benefits payable under such Plan(s) if alive at the time of my death:

Name of Beneficiary in Full	SIN	Relationship to Annuitant
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Address of Beneficiary \_\_\_\_\_

In respect of a locked-in fund, I understand that a beneficiary designation may be subject to the rights of a Principal Beneficiary under applicable pension legislation, if at the time of my death I am survived by a Principal Beneficiary (such as a spouse) who has not waived entitlement to the benefits payable from the locked-in fund.

If the above named Designated Beneficiary predeceases me and there is no other validly designated beneficiary alive at the time of my death, then I hereby designate the following (enter exact number) \_\_\_\_\_, as my Contingent Beneficiaries to receive all benefits payable under such Plan(s) if alive at the time of my death. The proceeds of the Plan(s) are to be divided equally between my Contingent Beneficiaries.

Name of Contingent Beneficiary in Full	SIN	Relationship to Annuitant
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Address of Contingent Beneficiary \_\_\_\_\_

Name of Contingent Beneficiary in Full	SIN	Relationship to Annuitant
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Address of Contingent Beneficiary \_\_\_\_\_

Name of Contingent Beneficiary in Full	SIN	Relationship to Annuitant
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Address of Contingent Beneficiary \_\_\_\_\_

Name of Contingent Beneficiary in Full	SIN	Relationship to Annuitant
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Address of Contingent Beneficiary \_\_\_\_\_

If there is no validly designated beneficiary or contingent beneficiary alive at the time of my death, then I designate my estate as beneficiary of the Plan(s). I acknowledge that this Beneficiary Designation can only be altered or revoked by me in writing, and any alteration or revocation is only effective when the receipt of the alteration or revocation has been acknowledged by either the Trustee or its Agent.

**CAUTION APPLICABLE TO ALL PROVINCES EXCEPT QUEBEC:** I acknowledge that my designation of beneficiary will not be revoked or changed automatically by any future marriage or divorce. Should I wish to change my beneficiary in the event of a future marriage or divorce, I will have to do so by means of a new designation.

**QUEBEC RESIDENTS:** The Trustee will not recognize a beneficiary designation for a Quebec resident, unless such designation has been made in a will or other testamentary disposition in conformity with the laws of Quebec.

**NO POWER OF ATTORNEY:** Unless otherwise required by law, the Trustee will only recognize beneficiary designations made by the Annuitant of the Plan(s).

Dated at \_\_\_\_\_ in the province of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Annuitant

\_\_\_\_\_  
Signature of Witness

(Note: Witness may not be related to the Beneficiary or Contingent Beneficiaries)

Accepted by Raymond James Ltd. as agent for Canadian Western Trust Company

\_\_\_\_\_  
Authorized Signing Officer