

**RAYMOND JAMES LTD.
SELF-DIRECTED REGISTERED PLAN
DESIGNATION OF BENEFICIARY**

Registered Plan account #(s): _____

Name of Annuitant: _____

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

I designate that: a) the proceeds of the Plan(s) are to be divided equally between my Designated Beneficiaries shown below ;
 b) the proceeds of the Plan(s) are to be divided in the percentage proportion as follows between my Designated Beneficiaries
or (choose only one)

- | | | | | |
|----|---------|-----------------------------|-------|---------------------------|
| 1. | _____ % | _____ | _____ | _____ |
| | | Name of Beneficiary in Full | SIN | Relationship to Annuitant |
| | | _____ | | |
| | | Address of Beneficiary | | |
| | | _____ | | |
| 2. | _____ % | _____ | _____ | _____ |
| | | Name of Beneficiary in Full | SIN | Relationship to Annuitant |
| | | _____ | | |
| | | Address of Beneficiary | | |
| | | _____ | | |
| 3. | _____ % | _____ | _____ | _____ |
| | | Name of Beneficiary in Full | SIN | Relationship to Annuitant |
| | | _____ | | |
| | | Address of Beneficiary | | |
| | | _____ | | |
| 4. | _____ % | _____ | _____ | _____ |
| | | Name of Beneficiary in Full | SIN | Relationship to Annuitant |
| | | _____ | | |
| | | Address of Beneficiary | | |
| | | _____ | | |
| 5. | _____ % | _____ | _____ | _____ |
| | | Name of Beneficiary in Full | SIN | Relationship to Annuitant |
| | | _____ | | |
| | | Address of Beneficiary | | |
| | | _____ | | |
| 6. | _____ % | _____ | _____ | _____ |
| | | Name of Beneficiary in Full | SIN | Relationship to Annuitant |
| | | _____ | | |
| | | 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 assets/benefits payable from the locked-in fund.

If there is no validly designated 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 FOR RESIDENTS OF 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.

NOTE FOR QUEBEC RESIDENTS: I acknowledge and understand that 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)

Acknowledged and Accepted by: Raymond James Ltd. as agent for Canadian Western Trust Company
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Authorized Signing Officer