

Beneficiary Update Form

Client Name:

Are the Beneficiaries the same for all accounts: Yes No
 (If no, please indicate which accounts this information applies to)

Beneficiary #1

First Name Last Name
 Date of Birth SIN
 Distribution %
 Address same as owner: Yes No
 (If address is not the same, please complete the following)
 What is the relationship between the Client and Beneficiary?
 Beneficiary Address:
 Unit Number Street Number Street Name
 City Province Postal Code
 Country

Beneficiary #2

First Name Last Name
 Date of Birth SIN
 Distribution %
 Address same as owner: Yes No
 (If address is not the same, please complete the following)
 What is the relationship between the Client and Beneficiary #2?
 Beneficiary Address:
 Unit Number Street Number Street Name
 City Province Postal Code
 Country

Beneficiary #3

First Name Last Name
 Date of Birth SIN
 Distribution %
 Address same as owner: Yes No
 (If address is not the same, please complete the following)
 What is the relationship between the Client and Beneficiary #3?
 Beneficiary Address:
 Unit Number Street Number Street Name
 City Province Postal Code
 Country

If there are more than 3 beneficiaries, please add a supplementary page.