Trust Beneficiary Form



☐ New ☐ Amendment						
This form is not to be used to design	nate beneficiary or succ	essor holder/qualified benefic	iary/successor annuitant	on any register	ed plan.	
ACCOUNT NUMBER		ACCOUNT NAME		TOTAL AMOUNT OF DEPOSIT		
Trustee information	,			,		
Trustee Name	Address	Address		Province	Postal Code	
Beneficiary information	1		,			
Beneficiary Name (add each individual beneficiary in the separate lines below)	Share of Trust Account (\$ or %)	Address	City	Province	Postal Code	
			,	,		
SIGNATURE OF TRUSTEE Y				DATE (MM/DD	DATE (MM/DD/YY)	