

Group Partners Member Change Form

	Group Number:			Plan S	ponsor (Employe	er):			
	Member Name:			B2BBE	B2BBDS Account Number:				
	Social Insurance Number:			Provin					
					,				
n this form "B2B Bank Dealer Services" means B2B Ba	ink Financial Services Inc., B2B Bank Securit	ies Services	Inc. or B2B Ba	ınk Intermediarv Se	rvices Inc., as the	case may be, which the iden	tified		
2B Bank Dealer Services ("B2BBDS") Account Numbe					,				
I. TERMINATION / RETIREMENT /	/ DEATH								
Effective date of termination:/		Temporary	suspensio	n of contribution	ons				
Month Day The reason for termination:	Year [☐ Tempo	rary layoff	From		to			
	Retirement [rary leave	_					
☐ Death (Please provide copy of death certificate		of abse	ence	From		to			
Other, explain				Please dire	ect all future corr	espondence directly to the	ne member		
Have all contributions been remitted in respe		ination/retir	ement/death		ome address, as				
☐ Yes ☐ No				N					
If no, outstanding contributions will be remitted	ed on (Date)			Name _					
Plan Administrator	Date(mm/dd/yyyy)			Address _					
Signature X	D . () () ()			_					
	Date(mm/dd/yyyy)								
2. CHANGE OF BENEFICIARY – B	eneficiary designations are subject to	the laws o	of each juris	diction. (Group	RSP/DPSP acc	ounts only).			
Designation of Revocable Beneficiary I hereby revoke any previous beneficiary designation	an applicable to my interest in the above man	tioned				ficiary under 18 years			
Plan and, pursuant to the provisions of the Plan, de I reserve the right to revoke this designation.			I hereby appoint the person below as trustee for any beneficiary under age 18, or any beneficiary who may not be able to get a valid discharge for payment (unless I have appointed a trustee in a separate trust agreement).						
Name	Relationship		Name			Relationship			
			1						
Address						Data			
Client Signature X	Date(mm/dd/yyyy)		Olloni Olg	Jilataro <u>71</u>		(mm	/dd/yyyy)		
3. CHANGE OF SUCCESSOR HO	LDER AND BENEFICIARY D	ESIGNA	TION (Gro	oup TFSA accou	nts only).				
I hereby revoke any previous successor hold A In the event of my death I hereby designathe successor holder of this B2B Bank Deto acquire all rights I have as the holder this designation. Spouse's Name	ate my spouse*, if living at my death, as ealer Services Tax-free Savings Accour	s B In who pe B2	the event the nere I have reson as my exercise 2B Bank Dea eserve the ri	at the successor not named a suc designated bene	holder designat cessor holder in ficiary entitled to -free Savings Ac s designation.	ed by me in A predecea A, I hereby designate the receive the proceeds o count in the event of my	ses me or e following f this		
		Name	9		R	Relationship			
*Spouse refers to a person recognized as yo the purposes of the Income Tax Act (Canad- successor holder must be your spouse at th	a). The person you designate as your	Addre	ess						
In the absence of a designated beneficiary o	r a successor holder, the proceeds of t	his B2B Ba	ınk Dealer S	ervices Tax-free	Savings Accoun	t will be paid to your Est	ate.		
be revoked or changed automatic marriage or divorce, you will have 3. This designation of successor hole	clary or successor holder is subject to the laws colder and/or beneficiary to this B2B Ba ally by any future marriage or divorce. It to do so by means of a new designation der and/or beneficiary will apply to this o as trustee for which you want a succ	ank Dealer S Should you on. B2B Bank	Services Tax wish to cha Dealer Servi	r-free Savings Ad nge your succes ices Tax-free Sav	ecount by means sor holder or be vings Account or	of this designation form neficiary in the event of ally. If you have other tax	will not a future -free		
Client Signature X	Date (mm/dd/yyyy)								
4. CLIENT ADDRESS	NOTE: 2 signatures are required - either	er Client and	d Advisor/Au	thorized Dealer ()R Advisor and A	Authorized Dealer			
ADDRESS									
ADDITEGO					.().	.			
PROVINCE	POSTAL CODE		COUNTRY		RESIDENCE TELE	PHONE NUMBER			
LIENT SIGNATURE	DATE (mm/dd/yyyy)	- IA	DVISOR SIGN	ATURE		DATE (mm/dd/yyyy)			
						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
LIENT SIGNATURE		AUTHORIZED DEALER SIGNATURE DATE (mm/dd/yyyy) (i.e. Branch Manager)							

Authorized Dealer: By signing this form, you attest that client authorization for the address change has been obtained.

5. NAM	E CHANGE											
Please adjust your records to change the above mentioned member's name from:								Signature				
to						_ X	- X					
	n for change:							Client's Signa	ature prio	r to cha	nge	
	arriage (please attach a co eturn to maiden name (plea				certificate divorc	ce document o	r					
se	eparation agreement) "					oo accament o		X				
	egally changed (please atta ther, specify	ch a copy	of the name chang	ge certific	ate)		Client's new	Client's new Signature				
	STMENT CHANGE											
	by elect to have future contr	ibutions a	allocated as shown l	helow:								
	NUMBER	ibationio e	anodatod do onown		CATION	FUND NUMB	ER				ALLO	CATION
LOND						I OND NOME	LIX				ALLO	<u>CATION</u> %
					0.4							
												%
					%						_	%
I author	rize my employer to deduc	t \$	f	from my	payroll each pay	period (minim	um cont	ribution amounts	are subje	ct to the	e individual Fur	nd prospectus).
	V							•				
Client Sign	nature X		Date(mm/dd/yyyy)		E	Employee Sign	ature 🗡	.		Date(m	m/dd/yyyy)	
7. TRAI	DES – See the B2B B	ank De	aler Services fu	ndame	ntals guide on	Advisor Ad	cess f	or mutual fund	l trading	tips.		
Please	refer below for the Amount	t Type Le	gend.									
	SE	ELL						BUY			1	
ı S				70			F			7		
SWITCH		AMOUNT		GROSS/ NET			AMOUNT		SALES	FUND	COMMISSION	WIRE ORDER #
is o	Fund Code	₹-	Amount	<u></u> 0 2	Fund (Code	₹ ⊢	Amount	ν.Ω.	<u> </u>	REBATE	DEALER USE ONLY
s c w v				G N							\$	
				IN							%	
FUND NA	AME (optional)				FUND NAME (o	ptional)						
s c				G							\$	
wv				N							%	
FUND NA	AME (optional)				FUND NAME (o	ptional)						
											•	
S C W V				G N							\$ %	
FUND NA	AME (optional)				FUND NAME (o	ptional)						
<u> </u>					<u> </u>	. ,				,		
S C W V				G N							\$	
				IN							%	
FUND NA	AME (optional)				FUND NAME (o	optional)						
					III						"	
Client	Signature X		Date (mm/dd/	(nnn/)								
						_						
AMOUN	IT TYPE LEGEND –	*SPEC	IFY AN AMOU	JNT	Verify if the "	CSS Amount Ty	pe" is su	pported by the fund	d managen	nent con	npany before pla	cing trades.
	ALL FUNDS		CSS MUTUA	I ELINIT	N ONLY		C	SS LABOUR SP	ONSOD	ED INV	ESTMENT EI	INDS (I SIEs)
												NDS (LSIFS)
A – A * D – D			F – All shares/ M + T free)		subject to DSC (also known as		contributor disheld longer that			lly III	
*P - Po	ercentage of shares		M – Matured sł	nares/uni				deathfree of DSC	•			
3 – 3	naies				d to be redeeme matured shares		0 -	- liee of Doc				
THIS SI	ECTION MUST BE C	COMPL	ETED BY THE	ADVI	SOR							
For Adv	visor / Dealer Use Only											
Dealer	Name					Advisor Nam	ne					
						X						
Dealer / Advisor Code Date (mm/dd/yyyy)						Advisor Signature						