

Group Partners Member Change Form

A division of B2B Bank Securities Services Inc.

Group Number: _____ Plan Sponsor (Employer): _____
 Member Name: _____ Account Number: _____
 Social Insurance Number: _____ Province of Employment: _____

The client must receive the most recent version of the Fund Facts document by their dealer pre-sale of any mutual fund purchase - as per NI 81-101. To avoid any processing delays, please call the Direct Trading team at 416.413.7201 or 1.866.542.3403 before you submit these instructions.

1. TERMINATION / RETIREMENT / DEATH

Effective date of termination: ____ / ____ / ____
 Month Day Year

The reason for termination:

- Termination of employment Retirement
 Death (Please provide copy of death certificate or funeral director's statement)
 Other, explain _____

Temporary suspension of contributions

- Temporary layoff From _____ to _____
 Temporary leave of absence From _____ to _____

Have all contributions been remitted in respect of plan membership to date of termination/retirement/death?
 Yes No

Please direct all future correspondence directly to the member at his/her home address, as follows:

If no, outstanding contributions will be remitted on (Date) _____

Name _____

Plan Administrator _____ Date (mm/dd/yyyy) _____

Address _____

Signature **X** _____ Date (mm/dd/yyyy) _____

2. CHANGE OF BENEFICIARY – Beneficiary designations are subject to the laws of each jurisdiction. (Group RSP/DPSP accounts only).

Designation of Revocable Beneficiary

I hereby revoke any previous beneficiary designation applicable to my interest in the above mentioned Plan and, pursuant to the provisions of the Plan, designate the person named below as my beneficiary. I reserve the right to revoke this designation.

Name _____ Relationship _____

Address _____

Client Signature **X** _____ Date (mm/dd/yyyy) _____

To Appoint a trustee for a named Beneficiary under 18 years of age

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 _____

Address _____

Client Signature **X** _____ Date (mm/dd/yyyy) _____

3. CHANGE OF SUCCESSOR HOLDER AND BENEFICIARY DESIGNATION (Group TFSA accounts only).

I hereby revoke any previous successor holder designation and any previous beneficiary designation with respect to this B2B Bank Discount Brokerage Tax-free Savings Account.

A In the event of my death I hereby designate my spouse*, if living at my death, as the successor holder of this B2B Bank Discount Brokerage Tax-free Savings Account to acquire all rights I have as the holder thereof. I reserve the right to revoke this designation.

Spouse's Name _____ Spouse's Social Insurance Number _____

B In the event that the successor holder designated by me in A predeceases me or where I have not named a successor holder in A, I hereby designate the following person as my designated beneficiary entitled to receive the proceeds of this B2B Bank Discount Brokerage Tax-free Savings Account in the event of my death. I reserve the right to revoke this designation.

Name _____ Relationship _____

Address _____

*Spouse refers to a person recognized as your spouse or common-law partner for the purposes of the Income Tax Act (Canada). The person you designate as your successor holder must be your spouse at the time of your death.

In the absence of a designated beneficiary or a successor holder, the proceeds of this B2B Bank Discount Brokerage Tax-free Savings Account will be paid to your Estate.

- Caution:**
- The validity of a designation of a beneficiary or successor holder is subject to the laws of the jurisdiction where you reside permitting designation made otherwise than by way of a will.
 - Your designation of a successor holder and/or beneficiary to this B2B Bank Discount Brokerage Tax-free Savings Account by means of this designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your successor holder or beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.
 - This designation of successor holder and/or beneficiary will apply to this B2B Bank Discount Brokerage Tax-free Savings Account only. If you have other tax-free savings accounts with B2B Trustco as trustee for which you want a successor holder or beneficiary to be designated, you must complete a separate designation for each of these accounts.

Client Signature **X** _____ Date (mm/dd/yyyy) _____

4. CLIENT ADDRESS

NOTE: 2 signatures are required - either Client and Advisor/Authorized Dealer **OR** Advisor and Authorized Dealer

ADDRESS _____
 CITY _____ PROVINCE _____ POSTAL CODE _____ COUNTRY _____ RESIDENCE TELEPHONE NUMBER _____

CLIENT SIGNATURE _____ DATE (mm/dd/yyyy) _____ ADVISOR SIGNATURE _____ DATE (mm/dd/yyyy) _____

CLIENT SIGNATURE _____ DATE (mm/dd/yyyy) _____ AUTHORIZED DEALER SIGNATURE (i.e. Branch Manager) _____ DATE (mm/dd/yyyy) _____

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

5. NAME CHANGE

Please adjust your records to change the above mentioned member's name from:

_____ to _____

Reason for change:

- Marriage (please attach a copy of the marriage certificate)
- Return to maiden name (please attach a copy of the name change certificate, divorce document or separation agreement)
- Legally changed (please attach a copy of the name change certificate)
- Other, specify _____

Signature

X _____
Client's Signature prior to change

X _____
Client's new Signature

6. INVESTMENT CHANGE

I hereby elect to have future contributions allocated as shown below:

<u>FUND NUMBER</u>	<u>ALLOCATION</u>	<u>FUND NUMBER</u>	<u>ALLOCATION</u>
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

I authorize my employer to deduct \$ _____ from my payroll each pay period (minimum contribution amounts are subject to the individual Fund prospectus).

Client Signature **X** _____ Date(mm/dd/yyyy) _____ Employee Signature **X** _____ Date(mm/dd/yyyy) _____

7. TRADES – For mutual fund purchases, including switches and conversation, Order Execution Only (OEO) Eligible funds are solely permitted.

Please refer below for the Amount Type Legend.

SELL						BUY				
SWITCH	CONVERSION	Fund Code	AMOUNT TYPE	Amount	GROSS/NET	Fund Code	AMOUNT TYPE	Amount	FUND OPTION	WIRE ORDER # DEALER USE ONLY
S	C				G					
W	V				N					
FUND NAME (optional)						FUND NAME (optional)				
S	C				G					
W	V				N					
FUND NAME (optional)						FUND NAME (optional)				
S	C				G					
W	V				N					
FUND NAME (optional)						FUND NAME (optional)				
S	C				G					
W	V				N					
FUND NAME (optional)						FUND NAME (optional)				

Client Signature **X** _____ Date (mm/dd/yyyy) _____

AMOUNT TYPE LEGEND – *SPECIFY AN AMOUNT - Verify if the "CSS Amount Type" is supported by the fund management company before placing trades.

ALL FUNDS

- A** – ALL
- D** – Dollars
- P** – Percentage of shares
- S** – Shares

CSS MUTUAL FUNDS ONLY

- F** – All shares/units not subject to DSC (also known as M + T free)
- M** – Matured shares/units ONLY
- T** – Shares/units allowed to be redeemed not subject to DSC, and excluding matured shares/units

CSS LABOUR SPONSORED INVESTMENT FUNDS (LSIFs)

- *B** – contributor disabled or terminally ill
- C** – held longer than 5 - 8 years
- J** – death
- L** – free of DSC

THIS SECTION MUST BE COMPLETED BY THE ADVISOR

For Advisor / Dealer Use Only			
Dealer Name _____		Advisor Name _____	
Dealer / Advisor Code _____		X _____	
Date (mm/dd/yyyy) _____		Advisor Signature _____	