

Dealer Code:	
Representative Code: _	

Client #:	
Account #:	
Account Type:	

Non-Financial Change

1. CLIENT IDENTIFICATION				
First Name	Initial	Last Name (Legal)	Social Insurance Number	
First Name of Joint Client/Spousal Contributor	 Initial	Last Name	Social Insurance Number	
First Name of Beneficiary	Initial	Last Name	Social Insurance Number	
2. CHANGE OF ADDRESS				
(One form per client)				
New Address:				
City:		Province :	Postal Code:	
Telephone (residence):		Telephone (work):		
Effective:		Taxable Resident of:		
YYYY/MM/DD				
3. CHANGE OF NAME (Ensure client signs with both old and new sign	naturos Attach	documentation of name change \		
	ld Name:			
New Name:		New Signature:		
4. CHANGE OF BENEFICIARY (NOT APPLICAB	<u> </u>			
(This must be signed by a person other than be	enenciary)			
esignate me:		Addraga	Address:	
		Address:		
To be my beneficiary on the registered Account indic				
Witness Name:(Print)		Relationship to Annuitant:	Relationship to Annuitant:	
		X		
Signature of Witness		Signature of Annuitant	Signature of Annuitant	
5. BANKING INFORMATION				
Financial Institution: Transit	no.:	Account no.:		
Please include a void cheque, bank statement, etc				
6. AUTHORIZATION				
Representative Name:		X		
		-		
X Representative's Signature		X Joint Client's Signature (if ap	X	
			· · · · · · · · · · · · · · · · · · ·	
Date: YYYY/MM/DD		Date: YYYY/MM/DD		

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