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|---------|------------|---------|-----------------------------------|--|--|--|--|--|--|--|--|
| Surname | First Name | Initial | Employee Identifier | | | | | | | | |
| | | | | | | | | | | | |
| | | | Group Annuity Contract Identifier | | | | | | | | |
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In accordance with the terms and conditions of the _____ (the "Plan"), I hereby appoint the following as the beneficiary(ies) entitled to receive any payment in accordance with the Plan that may become payable upon my death. If the named beneficiary(ies) is(are) not living at the time of my death, I designate my estate as beneficiary under the Plan to receive the benefits that would otherwise be payable to the deceased beneficiary(ies).

| Beneficiary | | | Date of Birth | Relationship | Gender | Share |
|-------------|------------|---------|----------------|--|--|-----------------------------|
| Surname | First Name | Initial | (dd – mm – yy) | (Tick ✓ applicable box) <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law Spouse or Partner <input type="checkbox"/> Other <input type="checkbox"/> Estate | <input type="checkbox"/> Male <input type="checkbox"/> Female | Share of Proceeds* % |
| Surname | First Name | Initial | (dd – mm – yy) | (Tick ✓ applicable box) <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law Spouse or Partner <input type="checkbox"/> Other <input type="checkbox"/> Estate | <input type="checkbox"/> Male <input type="checkbox"/> Female | Share of Proceeds* % |
| Surname | First Name | Initial | (dd – mm – yy) | (Tick ✓ applicable box) <input type="checkbox"/> Spouse <input type="checkbox"/> Common-Law Spouse or Partner <input type="checkbox"/> Other <input type="checkbox"/> Estate | <input type="checkbox"/> Male <input type="checkbox"/> Female | Share of Proceeds* % |

* If designating more than one beneficiary, please ensure the total % of the share of proceeds equals 100%. If none specified, proceeds will be divided equally among all beneficiaries.

I hereby revoke all previous beneficiary appointments and reserve the right to revoke and change the above appointment at any time and from time to time, subject to applicable laws governing the designation of beneficiaries in force from time to time.

Signature of Member _____ Signature of Witness _____

Date _____ Name of Witness (Please print) _____

Note:

- If you have a spouse (as defined in the relevant Plan) on the date that you retire or die (whichever is earlier), certain death benefits payable from the Plan will be payable to your spouse, regardless of your beneficiary designation, unless your spouse has (where applicable legislation permits) surrendered or waived his or her entitlement to the death benefit payable from the Plan, in accordance with the terms of the Plan and applicable legislation. If you do not have an eligible surviving spouse or valid beneficiary designated at the time of your death, any applicable death benefits will be paid to your estate.
- This is an important legal document. We recommend that you consult with your legal advisor before completing it. It is important to review your beneficiary designation often to ensure it continues to reflect your wishes. Your designation of a beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage, separation or divorce. Should you wish to change your beneficiary in the event of a future marriage, separation or divorce, you will have to do so by means of a new designation.

Submit completed forms to:

Transit 00012, RBC Insurance Group Annuity Centre,
6880 Financial Drive, 2nd Floor, Tower 1, Mississauga, Ontario L5N 7Y5