

**Tax Free Savings Account
 APPOINTMENT OF SUCCESSOR HOLDER and
 OPTIONAL BENEFICIARY DESIGNATION**



A division of Cambrian Credit Union

HOLDER'S NAME:	Customer Number:
PROVINCE OF RESIDENCE:	TFSA Contract Number:

Successor Holder Appointment (spouse/common-law partner only)

I, the holder under the contract referred to above, appoint and elect my spouse/common-law partner identified below, to continue as holder of the contract after my death as successor holder and do hereby declare that:

- a) I hereby revoke any prior successor holder appointment or designation of beneficiary made by me under this contract.
- b) For my appointment of successor holder to be effective, my successor holder must survive me and must be my spouse/common-law partner immediately prior to my death.
- c) If I have appointed both a successor holder, named above, and designated beneficiary(s) named below, the appointment of successor holder takes precedence.
- d) I understand that my successor holder is entitled to all rights and to receive all continuing benefits as holder of the contract after my death, including the unconditional right to revoke or change any beneficiary designation I have made.
- e) I understand this appointment of successor holder will not be recognized where I reside in Quebec at the time of my death.

Successor Holder Information

Name: _____ Relationship: _____

SIN: _____ Spouse's Birthdate: _____

Beneficiary Designation (Optional) (applicable only when successor holder appointment does not apply)

I, the holder under the contract referred to above, direct the Trustee to pay all sums falling due, on or after my death, to the beneficiary(s) I have listed below, and do hereby declare that:

- a) I hereby revoke any designation of beneficiary made by me under this contract.
- b) This designation will only apply if:
 - i. I have not appointed a surviving successor holder above; or
 - ii. My successor holder named above is not my spouse/common-law partner immediately prior to my death.
- c) The beneficiary(s) designated below must survive me and accept this designation in order to receive the benefits payable under this contract. If more than one beneficiary is entitled to receive benefits, they shall share the proceeds equally. If a beneficiary predeceases me, all funds go to the remaining beneficiary(s) equally. If no beneficiary designated below survives me or accepts this designation, the proceeds if this contract shall be paid to my estate.
- d) I understand this designation will not be recognized where I reside in Quebec at the time of my death.

Name: _____ Relationship: _____ Minor(Y/N)_____

Name: _____ Relationship: _____ Minor(Y/N)_____

Name: _____ Relationship: _____ Minor(Y/N)_____

Name: _____ Relationship: _____ Minor(Y/N)_____

CAUTION:

- 1) Your designation of beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.
- 2) Your estate may be responsible for reporting and paying income tax on proceeds paid to a designated beneficiary.
- 3) Designations are created and governed under provincial legislation. The provincial legislation may override this designation.

*Where I have indicated a beneficiary is a minor at the time of signing this form, I acknowledge there may be additional requirements in order to complete the payment to them in the event they remain a minor at the time of my death.

Date (dd/mm/yyyy)	_____ Witness	_____ Holder Signature
Note: Must be signed to be valid		