

Designation of Beneficiary	ſ۷
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Branch Transit	Branch Phone	MFR CODE	EMPLOYEE ID
Branch Contact			

(Not Applicable in the Province o	f Quebec)	Dianch Conta	л			
☐ Add OR ☐ Change OR ☐ Delete	Plan Number	Type of Plan				
To: The Bank of Nova Scotia Ti	rust Company ("Sc	otiatrust")				
Customer's Name						
TITLE, GIVEN NAME, MIDDLE INITIAL, LA	ST NAME				SOCIAL INSURANCE NUM	MBER
hereby revoke any prior desi and hereby designate if living my death, subject to the appl	g at my death, as r	my beneficiary(ies)				
Name		Social Insurance N	umber	Relationshi	ip (e.g. spouse, child)	% Designated
						%
						%
						%
						100 %
For RIF accounts only In the event of my death, I require any previous direction I may have			se as su	iccessor an	nuitant. This desig	nation replaces
Name		Social Insurance N	umber	Re	lationship	
				SI	POUSE	
I agree to indemnify and hold har liabilities which they may suffer of	or incur by reason	of or in connection	with thi	is designati		amages or
This designation shall not be effet Scotiatrust reserves the right to ror Letters of Administration if the Designation of a beneficiary by right divorce. Should you wish to charmeans of a new designation. We suggest you contact your per this designation and remind your	require, prior to pay designation of a beneans of this forminge your beneficial	yment of the net propeneficiary is made will not be revoked by in the event of a advisors regarding.	oceeds, by this or char future r	certified co form. nged autom narriage or x liability o	natically by any fut divorce, you will h	ure marriage or lave to do so by
Dated at		, this	day c	of	,	
					_	
Signature of Co	ustomer				ECEIPT ACKNOWLEDGE OF NOVA SCOTIA TRUS	
Signature of W	itness		ТИА	H. NO.		

Name of Witness (please print)





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