

<b>Legal Name of Trustee</b>	
<b>Member Name</b>	
<b>Member Number and Branch</b>	

I am a (check one):

- Trustee (where the Trustee is an Individual)
- Co-Trustee (where the Trustee is an Individual)
- Senior Officer of the Trustee (where the Trustee is not an Individual)
- Co-Trustee (where the Trustee is not an Individual)

Contact Information (check one):

- I am providing contact information for the first time (complete table below)
- Contact information has changed (complete table below)
- Contact information has not changed since the last Beneficiary Form submission

**GENERAL TRUSTEE(S) INFORMATION:**

<b>Name</b>			
<b>Street Address</b>			
<b>City</b>		<b>Province</b>	
<b>Postal Code</b>		<b>Phone Number</b>	
<b>Email</b>			

**GENERAL CO-TRUSTEE(S) INFORMATION:**

<b>Name</b>			
<b>Street Address</b>			
<b>City</b>		<b>Province</b>	
<b>Postal Code</b>		<b>Phone Number</b>	
<b>Email</b>			

<b>Name</b>			
<b>Street Address</b>			
<b>City</b>		<b>Province</b>	
<b>Postal Code</b>		<b>Phone Number</b>	
<b>Email</b>			

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**BENEFICIARY(IES) INFORMATION:**

<b>Name</b>						
<b>Street Address</b>						
<b>City</b>				<b>Province</b>		
<b>Country</b>				<b>Postal Code</b>		
<b>Email</b>				<b>Phone Number</b>		
<b>Beneficial Interest</b>	<input type="checkbox"/>	<b>Primary Beneficiary</b>	<input type="checkbox"/>	<b>Contingent Beneficiary</b>	<b>Percentage Interest</b>	<input type="checkbox"/>

<b>Name</b>						
<b>Street Address</b>						
<b>City</b>				<b>Province</b>		
<b>Country</b>				<b>Postal Code</b>		
<b>Email</b>				<b>Phone Number</b>		
<b>Beneficial Interest</b>	<input type="checkbox"/>	<b>Primary Beneficiary</b>	<input type="checkbox"/>	<b>Contingent Beneficiary</b>	<b>Percentage Interest</b>	<input type="checkbox"/>

<b>Name</b>						
<b>Street Address</b>						
<b>City</b>				<b>Province</b>		
<b>Country</b>				<b>Postal Code</b>		
<b>Email</b>				<b>Phone Number</b>		
<b>Beneficial Interest</b>	<input type="checkbox"/>	<b>Primary Beneficiary</b>	<input type="checkbox"/>	<b>Contingent Beneficiary</b>	<b>Percentage Interest</b>	<input type="checkbox"/>

<b>Name</b>						
<b>Street Address</b>						
<b>City</b>				<b>Province</b>		
<b>Country</b>				<b>Postal Code</b>		
<b>Email</b>				<b>Phone Number</b>		
<b>Beneficial Interest</b>	<input type="checkbox"/>	<b>Primary Beneficiary</b>	<input type="checkbox"/>	<b>Contingent Beneficiary</b>	<b>Percentage Interest</b>	<input type="checkbox"/>

<b>Name</b>						
<b>Street Address</b>						
<b>City</b>				<b>Province</b>		
<b>Country</b>				<b>Postal Code</b>		
<b>Email</b>				<b>Phone Number</b>		
<b>Beneficial Interest</b>	<input type="checkbox"/>	<b>Primary Beneficiary</b>	<input type="checkbox"/>	<b>Contingent Beneficiary</b>	<b>Percentage Interest</b>	<input type="checkbox"/>