## Information Change



SECTION 1: GENERAL INFOR	MATION			*Required information
Plan Sponsor Name*			Open Acc	cess® Account Number
Plan Type*	<b>—</b>		Change E	ffective Date*
□ RRSP □ Spousal RRSP □ DPSP □ Pension Plan	□ Non-Registered □ Other:			Y Y Y Y M M M D D
Surname*			First Nam	ne and Initial*
☐ Mr. ☐ Mrs. ☐ Ms				
Address*		City*	Province*	Postal Code*
Daytime Phone Number*		Email		S.I.N.*
SECTION 2: DESIGNATION O	F BENEFICIARY			
I designate the person(s) named below		nder this plan*		
Name of beneficiary in full (1)			Relations	nip to Applicant (1)
Address of beneficiary (1)				
Address of beneficiary (1)				
N1(1(C.:(11/2))			D. L. C	
Name of beneficiary in full (2)			Relations	nip to Applicant (2)
Address of beneficiary (2) Please note:				
<ul> <li>Not applicable in Quebec or PEI. In certain provinces, designation of beneficiary can only be made by including a specific clause in your will.</li> <li>FOR MANITOBA: Your designation of beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce.</li> </ul>				
Should you wish to change your beneficiary in t	the event of a future marriage o	r divorce, you have to do	so by means of a new desig	gnation.
SECTION 3: CHANGE OF NAM	ME			
New Surname*			New First	Name and Initial*
Reason for Change				
☐ Marriage ☐ Divorce	☐ Correction	☐ Other (please	specify)	
We require a copy of the legal documen	ntation to accompany th	is form.		
SECTION 4: BANKING INFOR	MATION			
For Banking Changes related to a pre-authorized withdrawal, Please complete a PRE-AUTHORIZED CHEQUING AGREEMENT (PAC) form. This form is available at: www.openaccessltd.com				
SECTION 5: AUTHORIZATION				
				Date*
				Y Y Y Y M M M D D

Signature of Account Owner\*