RSP Beneficiary Designation Form

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Mutual Funds

If you would like to designate a Beneficiary to your RSP account, you may do so by providing the information requested below. Please note, however, that the designation of a beneficiary to an RSP account is subject to applicable law. You may wish to discuss this designation with your legal advisor. If no Beneficiary is designated, all amounts under your account will be payable to your estate and distributed in accordance with applicable law.

Manitoba Residents: Your designation of a 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.

Quebec residents: Beneficiary designation for an applicant who is a resident of Quebec can only be made by way of a will or marriage contract.

Please send completed form to ING Direct Funds Limited, 111 Gordon Baker Road, Toronto, Ontario M2H 3R1.

Plan holder Information (annuitant)

☐ MR. ☐ MRS. ☐ MS. ☐ MISS ☐ DR.

First Name: _____ INITIAL

Last Name: _____

Address: _____ UNIT _____ STREET

_____ CITY _____ PROVINCE _____ POSTAL CODE

Home Telephone: (___) ___-____ Business Telephone: (___) ___-____ Ext: ____

E-mail: _____

Existing ING Direct Funds Limited Clients only

If known, please tell us your Client Number and the RSP account number for which you wish to designate or change a Beneficiary. This information is necessary in order to identify the applicable account.

Client Number: _____ RSP Account Number: _____

Complete this section to designate a Beneficiary.

I designate the person below as Beneficiary. All amounts under this account will be payable to this surviving Beneficiary in the event of my death.

First Name: _____ INITIAL

Last Name: _____

Relationship: _____

a) I hereby revoke any prior designation made by me with respect to this account;

b) The Beneficiary designated herein must survive me and accept this designation in order to receive the amounts payable under this plan. If no Beneficiary designated herein survives me or accepts this designation, the proceeds of this plan shall be payable to my estate and distributed in accordance with applicable law.

Signature of the Annuitant: **X** _____ **Date:** ___ ___ / ___ ___ / ___ ___ (D D / M M / Y Y)

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