

Use this form to update your RIF Payment information

1. ACCOUNT DETAILS

Account Holder/Annuitant Name (First, Initial, Last) _____ Account Number _____

Account Type: RIF Spousal RIF LIF/LRIF RLIF PRIF

2. ANNUAL PAYMENT INFORMATION

I request in each year, an **annual payment** amount of (*select one*):

Minimum amount payable

Other Amount: \$ _____ Gross Net

Maximum payout (LIF, LRIF and RLIF only)

Tax Calculation options

Regulatory Standard (default)

Percent _____ %: On entire amount On excess amount

3. PAYMENT SCHEDULE

Payment Frequency: Monthly Quarterly Semi-Annually Annually

Start Date: 15th Last day of the month Year _____ Month _____

Direct Payment: by Electronic Funds Transfer to my bank account on file (If new, attach an original void cheque)

to my online brokerage non-registered account number: _____

4. FUND REDEMPTION SELECTION

Use this section if you wish to sell Mutual Funds to complete your RIF payment.

Type ¹	Fund Name	Fund Code	Investment Amount (percentage required)
			%
			%
			%
			%
			%
			%

¹Type: Start, Stop, Change

5. ACCOUNT HOLDER/ANNUITANT AGREEMENT (READ CAREFULLY BEFORE SIGNING)

I agree to indemnify and save harmless the Trustee and the agent of the Trustee, in respect to all taxes, assessments and other charges levied or imposed by any competent authority, with regard to my account, at any time. By signing and dating below, I acknowledge, agree and consent to all of the foregoing and confirm that the information I have provided is correct.

I acknowledge that all fund transfers are governed by, and confirm that I have read, understood and agree to the Broker's *Customer Agreements & Disclosure Documents* and *Terms of Use* (all of which are incorporated herein by reference) as such agreements may be amended from time to time, a copy of which has been provided to me and which can be found online.

x _____ Date (dd/mm/yyyy)

Account Holder/Annuitant Signature