GUIDELINES FOR COMPLETING THE FORM

IMPORTANT INFORMATION

This form is used for all provinces except Quebec. For Quebec Estates, please contact us for further guidelines. Our contact information can be found on page 2 of the form.

This form is used only when a beneficiary is named under the plan. In cases where the beneficiary is named under the Will and not under the plan, please contact us for further guidelines. Our contact information can be found on page 2 of the form.

The form must be completed in full in order to be processed. This includes the beneficiary's signature.

For the protection of the Estate, incomplete forms, or forms with incorrect information, or incorrect documentation will be rejected and will result in the delay of your request.

Any alterations made on the form must be initialed, before the final declaration is signed.

Any difference in name between plan(s) and legal documents should be addressed by a letter of guarantee from a financial institution or a lawyer on their letterhead stating e.g., John Doe, John H Doe and John Harry Doe are one and the same person.

The Indemnifier may be the beneficiary, the beneficiary's Power of Attorney or legal representative.

If there is more than one beneficiary on the plan, a separate 2373RIF must be completed for each beneficiary.

If there are multiple plans, a separate 2373RIF must be completed for each plan.

The date of death is also referred to as the date of indemnity.

Original documents must be mailed. Faxes are not acceptable.

WHO CAN COMPLETE THIS FORM?

The Indemnifier/Beneficiary should be completing this form.

If the beneficiary is a minor or is deceased, the beneficiary's legal representative or Power of Attorney becomes the Indemnifier.

A legal representative acting on behalf of the beneficiary must provide the following legal document (see certification or notarization rules below);

Power of Attorney

Tutorship or curatorship for minor child.

PROOF OF DEATH - One of the following is acceptable to the Bank of Canada (see certification or notarization rules below):

Death Certificate from a Funeral Director, Death Certificate issued by a Provincial Registrar, a coroner, or by a church under seal and minister of religion's signature.

ADDITIONAL LEGAL REQUIREMENTS TO REDEEM OR TRANSFER CANADA RIF PLAN(S)

Before proceeding, please note that:

In all situations listed below, this form is required.

Determine if the spouse is named or elects to be successor annuitant* under the deceased's RRIF plan, or if the beneficiary named is someone other than the spouse.

Once the situation has been identified, refer to the appropriate section to review the options that apply to your request and proceed accordingly.



CERTIFICATION OR NOTARIZATION OF LEGAL DOCUMENTS

Depending on the par value held in the Canada RIF, this form and accompanying legal documents may need to be certified or notarized. Consult the table below.

Par value of holdings	\$1000.00 or less	\$1000.01 - \$3500.00	Greater than \$3500.00
	documents	IDOCIIMANTS OF COLIFT CARTITIAN	Original notarized documents or court certified documents
RAMILIFAMENT FOR TORMS	Signed (notarization not required)	Signed and notarized	Signed and notarized

Acceptable notarization or certification of documents:

- Guaranteed by a Canadian Financial Institution acceptable to the Bank of Canada or a member of the Medallion Program (unless otherwise specified).
- Certified by a Commissioner for Oaths, identified with their stamp or signature (unless otherwise specified).
- Notarized by a notary public, identified with their official stamp/seal or signature.

Note: When the value of the transaction is more than \$20,000, this form must be either guaranteed by a Financial Institution or notarized by a Notary and NOT certified by a Commissioner for Oaths.

Situation #1 - Spouse is named as beneficiary or elects to be successor annuitant* under the deceased's RRIF plan

*Successor annuitant: means that the spouse will become the owner of the plan and the Trustee will continue to make regular payments to the spouse.

Option I - Continue Plan under the spouse's name as successor annuitant

Required Document	Specific instructions		
Proof of Death	See page 1 of the guideline.		
	Complete Sections A, B, C, <u>D - Option I</u> and F.		
and 2373-RIF Form	The spouse's Social Insurance Number must be provided in Section B as it is required by income tax legislation.		
	The spouse's Date of Birth must be provided in Section D, for identification purposes.		

Option II - Transfer to your existing Canada RSP or Canada RIF plan with Canada Savings Bonds **Required Document Specific instructions** Proof of Death See page 1 of the guideline. Complete Sections A, B, C, D - Option II and F. and 2373-RIF Form The spouse's Social Insurance Number must be provided in Section B as it is required by income tax legislation.

Option III - Transfer to another financial institution			
Required Document Specific instructions			
Proof of Death	See page 1 of the guideline.		
	Complete Sections A, B, C, <u>D - Option III</u> and F.		
and 2373-RIF Form	The spouse's Social Insurance Number must be provided in Section B as it is required by income tax legislation.		
and Form T2033 or equivalent	This form is provided by the receiving financial institution completed in detail.		



Option IV - Redeem plan			
Required Document	Specific instructions		
Proof of Death	See page 1 of the guideline.		
	Complete Sections A, B, C, <u>D - Option IV</u> and F.		
and 2373-RIF Form	The spouse's Social Insurance Number must be provided in Section B as it is required by income tax legislation.		

Situation #2 - Someone other than the spouse is named the beneficiary under the deceased's RRIF plan Only Option - Redeem plan			
Proof of Death	See page 1 of the guideline.		
	Complete Sections A, B, C, E and F.		
and 2373-RIF Form	The beneficiary's Social Insurance Number must be provided in Section C as it is required by income tax legislation.		

2373 RIF-12-2019 - Indemnity of the Canada RIF Beneficiary Form and Guideline Protected B (when completed)

SECTION A - DETAILS RE	GARDING THE DECEASED	OWNER O	F THE C	ANADA RI	F		
	Full Name of the Deceased Plan					Date	of Indemnity (death)
						/	/
The Conade DIE Dien d	t (up to 11 digita)					/ _ D	ate: dd/mmm/yyyy
The Canada RIF Plan #		mada BIF nlon	numbar ia	located on the	. au autarlu a	otata manta	
If space is insufficient	rne Ca please complete and attach a sepan			located on the			ched sheets
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SECTION B - DETAILS RE	GARDING THE DECEASED	PLAN OW	NER'S S	POUSE OF	BENEF	ICIARY	
Name	of spouse or Beneficiary (if different	from indemnifi	er)		Rel	lationship to the	Deceased Plan Owner
Add	ress	City		Prov	Pos	tal Code	Country
					L	Home phone (i	ncluding area code)
	I am a Canadian resident for ta	ıx purposes.			$\neg \vdash \vdash$,
For income tax legislation	I am not a Canadian resident f		S.		= L	Social Inc	urance Number
please select one of the following options:	If not, please indicate since wh	en.		/	_		come tax legislation)
rememing optione.		/	Date: dd/mi	/ mm/vvvv	-		
			-	- 7777	L		
SECTION C - DETAILS RE	GARDING THE INDEMNIFIE	R (if differe	ent from	the Benefi	ciary)		_
	Name of the Indemnifier					Relationship to	the Beneficiary
Add	ress	City		Prov	Pos	stal Code	Country
7100	1000			1101		XIAI OOGO	Country
SECTION D - SPOUSE IS N	NAMED OR ELECTS TO BE	THE SUCC	ESSOR	ANNUITAN	IT* UNDE	ER THE DE	CEASED'S RRIF
PLAN 'Successor annuitant: means that t	he spouse will become the owner of	the plan and t	he Trustee	will continue to	o make red	ular payments t	to the spouse
Date of Birth (required for	r identification purposes). —	/	/				
Date of Birth (regames re	rachimodich parpocco).	Date: dd/m	ımm/yyy	y			
Select only ONE of the fo	llowing boxes and provide	the reques	ted info	rmation.			
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Option I -	Canada RIF plan under my na	mo without	making	changes to	the inform	nation undo	the plan and
	the RIF plan was established						
•	me of Spouse's Beneficiary	,		-		to the Spouse	·
L Name of Spouse's Beneficiary Relationship to the Spouse							
					'	•	
<u></u>					,		
It space is insufficient,	please complete and attach a separ	ate sneet that i	nciudes the	e fields seen a	pove. Pleas	se ınıtıal all atta	cnea sneets
Option II -	nde te move estette a Occident	OD 6" DIE	lan:	The	Canada R	SP or RIF Plan	# (up to 11 digits)
i wish to transfer the fu	nds to my existing Canada R	SP of KIF p	nan;				

2373 RIF-12-2019 - Indemnity of the Canada RIF Beneficiary Form and Guideline Protected B (when completed)

Option III - I wish to transfer the RRIF to another financial institution and have completed and attached the applicable form (i.e., T2033 or equivalent).				
Option IV - I wish to redeem the plan and have a cheque	issued in my name.			
SECTION E - NAMED BENEFICIARY UNDER TH	• • •			
Select the following box as there is only one optio	n in this instance.			
☐ I wish to redeem the plan and have a cheque is	sued in my name.			
SECTION F - DECLARATION				
Whereas:				
 The undersigned (herein called the "Indemnifier") is the beneficiary or is acting on their behalf regarding the proceed of the above noted RRIF as appropriate (The "Plan"). The Indemnifier has requested THE CANADA TRUST COMPANY to pay the proceeds of the plan to him or her pursuant to a written beneficiary designation; Now therefore, in consideration of THE CANADA TRUST COMPANY paying to the Indemnifier or as he/she may direct the proceeds of the plan, the Indemnifier hereby indemnifies and agrees to save harmless THE CANADA TRUST COMPANY from and against any and all claims, demands, actions, suits, losses, charges, expenses, damages or liabilities whatsoever which THE CANADA TRUST COMPANY may pay, sustain, suffer or incur by reason of or in connection with the payment of the proceeds of the said Plan to the Indemnifier or as he/she may direct in accordance with such written beneficiary designation. 				
Declared before me at	on /	/		
	City Date	: dd/mmm/yyyy		
If the par value exceeds \$1000.00: Canadian Financial Institution: Signature Guaranteed stamp, Endorsement Guaranteed stamp or Medallion Guaranteed stamp and authorized signature required. Commissioner for Oaths: Stamp and signature required (not to be used for par values exceeding \$20,000). Notary Public/Lawyer: Notarial stamp/seal and signature required. I swear that I have witnessed and guarantee that the person	I am the Spouse of the deceased registered owner of the bond(s)/plan(s). I am the Beneficiary of the deceased registered owner of the bond(s)/plan(s). I am a legal representative acting on behalf of the Spouse or Beneficiary.	∫ I am a legal representative acting on behalf of the Spouse or Beneficiary.		
signing on the right, as the registered owner(s) or as the legal representative(s) for the registered owner, is/are whom they say they are. Place stamp // seal and sign	Signature Note: Any alterations must be initialed by all the estate representative(s) before the declaration is signed.			
here Signature				
Once fully completed, the form can be sent by: MAIL to: P.O. Box 2390, Station D • Ottawa, Ontario K1P 1K8 COURIER delivery: 2500 Solandt Rd • Suite 100 • Kanata, Ontario K2K 3G five a require further information, places contact Customer Son				
If you require further information, please contact Customer Ser • for Bonds purchased through the Payroll Savings Program	wice, monuay to rinuay, a a.m. to a p.m. (E1) at:	1 877 899-3599		
for Certificate Bonds or The Canada RSP/RIF		1 800 575-5151		
by TTY(teletypewriter)		1 800 354-2222		
	Please visit us online at: <u>csb.gc.ca</u>	·		
The personal information provided on this form is protected u	nder the provisions of the PRIVACY ACT and will be used solely f	or the purpose for which it was collected.		

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