GUIDELINES FOR COMPLETING THE FORM

IMPORTANT INFORMATION

Only the account information you provide will be updated.

The form must be completed in full in order to be processed. This includes the signature of the bond owner who is changing their name and all the registration account / plan number(s) that require the change. <u>Note</u>: For your protection, incomplete forms or forms with incorrect information, or incorrect documentation will be rejected and will result in the delay of your request.

If the transaction involves physical certificate bonds, the unsigned physical certificates in question must be sent along with the completed form. Matured bonds will be redeemed automatically. Unmatured bonds may be redeemed, or ownership may be maintained. Unmatured bonds registered under a new legal name will not be replaced by a physical certificate. Registered owners will receive a letter confirming registration under their new name and including all bond details. The confirmation letter will be sent to the address indicated on the form.

WHO CAN COMPLETE THIS FORM?

The registered bond owner who is changing their name can complete this form.

The legal guardian(s)/parent(s) acting on behalf of the minor bond owner can complete this form.

REQUIRED LEGAL DOCUMENTS

One of the following documents in **Options 1 to 3** must accompany your request as proof of the legal name change:

Option 1: A copy of both the: -Birth Certificate and -Social Insurance Card If the value of the transaction exceeds \$1000.00, both of these documents must be certified by a Notary Public, a Lawyer, a Court Official or a financial institution. Option 2: Either: - Marriage Certificate or - An Adoption Order, a Divorce Order, an Annulment Order, a Marriage Separation Agreement or a legal name change document - if the value of the transaction exceeds \$1000.00 these must be either ORIGINALS or a certified copy prepared by a Notary Public, a Lawyer, or a Court Official properly identified with stamp/seal and signature present. Note: If you select **Option 2**, and the value of your transaction exceeds \$1000.00 and there are variations in names between the legal document and the name(s) appearing on the bonds/plans, we will require a letter of quarantee (**Option 3**) from a financial institution, on their letterhead, stating that the name appearing on the document and the name(s) on the plan/bond(s) refer to one and the same person (e.g., Joan Elizabeth Mary Smith and Joan Elizabeth Smith refer to one and the same person).

<u>Option 3</u> (only for transactions that exceed \$3500.00 or have a variation in names appearing on legal documents):

An ORIGINAL letter of guarantee addressed to the Canada Savings Bonds Program from a financial institution. An acceptable letter of guarantee must:

Be presented on either the institution's letterhead or on paper that bears the institution's identification stamp;

Be dated;

Indicate both the original name as well as the new name;

Contain the bond owner's address and Social Insurance Number for our records;

State both names (old and new) and that these variations refer to one and the same person and that there is no change in ownership;

Be signed by an authorized representative of the financial institution.

SPECIFIC INSTRUCTIONS

Please print clearly or type the required information into the form fields.

Please be sure to complete all required Sections to avoid delays in processing your request.

Sign page 2 (of the form) and mail your request to the destination indicated on page 3 (of the form).

If space is insufficient, please complete and attach a separate sheet that includes all the required fields, in the same order they appear. Please initial all attached sheets.

INSTRUCTIONS SPECIFIC TO FILLING OUT SECTION B OF THE FORM

SECTION B - Account Numbers

Examples of a Payroll Savings Plan Number: -10 digit number that begins with a "2" *ex:* **2**123456789. -can be found on a copy of your statement, your T5 Slip or **online at CSB Online Services**: <u>mybonds.gc.ca</u>.

Examples of an account or serial number for Canada Savings Bond/Premium Bond are:

Account Number: -10 digit number *ex: 1234567890.* -can be found on a copy of your statement or your T5 slip. Serial Number:

-located in the top center of the bond ex: CS123F1234567M or CP15F7654321L

Examples of a Canada RSP/RIF Plan Number: -can be up to 11 digits long *ex: 01234567890.* -**The Canada RSP** number can be found on your semi-annual statement. -**The Canada RIF** number can be found on your quarterly statement.

SECTION A - CURRENT ACCOUNT DETAILS

Note: If you are unsure of the current add	dress we have on file, please provide all your previous addresses on a separate sheet. Please initial all attached sheets.
REGISTRATION - currently ap	ppearing on the bonds/plans
1	
Date of birth	Social Insurance Number
(dd/mmm/yyyy)	(required by the Income Tax Act)
Correct	(if anyliashis)
Care of	(if applicable)
Address	(include Apt. No., R.R. or P.O. Box)
City	Province Postal Code
Country Telephone (primary) Telephone (other)

Canada Savings Bond or Canada Premium Bond <u>Account Number(s)</u>	Par value \$
Note: If space is insufficient, please complete and attach a	Par value \$
separate sheet that include all the required fields, in the	Par value \$
<u>or</u> - <u>the Bond Serial Number(s)</u>	
Par value \$	Par value \$
Par value \$	Par value \$
Par value \$	Par value \$
Par value \$	Par value \$

<u>NOTE</u>: PLEASE REMEMBER TO COMPLETE SECTIONS C, D, E, F AND G ON FOLLOWING PAGES

SECTION C - NEW ACCOUNT DETAILS

<u>Note</u>: All matured bonds will be redeemed. Unmatured bonds may be redeemed, or ownership may be maintained. If ownership is maintained, a confirmation letter, under this NEW registration, will be sent to this address:

NEW REG for bonds /	
Care of	(if applicable)
Address	(include Apt. No., R.R. or P.O. Box)
City	Province Postal Code
Country	Telephone (primary) - - Telephone (other) - -

SECTION D - LEGAL DOCUMENTATION DETAILS
Note: Only original documents will be returned unless specified otherwise. Letters of Guarantee will be kept on file.
Please acknowledge the following:

SECTION E - PROVIDE SIGNATURE(S) OF ALL REGISTERED OWNERS Note: An authorized representative may sign on behalf of the bond owner, if proper legal documents are provided by mail. I am the registered owner of the bond(s)/plan(s). I am the legal guardian/parent of the minor bond owner. I am a legal representative acting on behalf of the bond owner. I am a legal representative acting on behalf of the bond owner. I am a legal representative acting on behalf of the bond owner. I am a legal representative acting on behalf of the bond owner. I am a legal representative acting on behalf of the bond owner. Date: dd/mmm/yyyy

SECTION F - REDEMPTION INSTRUCTIONS

<u>Notes:</u> -All matured bonds will be redeemed automatically.

-Complete section F and G for unmatured bonds only if you wish to request a redemption prior to maturity.

-If you wish to receive payment via direct deposit, ensure you complete <u>section G below.</u> Otherwise cheque(s)will be sent to the address provided under "**<u>Mailing Address</u>**".

Know all men by these presents that I/we:

Name of the bond owner(s) or authorized representative(s)

Par value \$

for value received, do hereby request that the securities listed here:

Bond	
Series	

be REDEEMED in favour of the following:

REDEEM: Se	elect this box if you are requesting to redeem <u>Canada Savings Bonds (Series 32 and up), Canada</u>
Pre	remium Bonds, old style CSBs (Series 1-31) and/or Government of Canada Marketable Bonds.
All	I matured bonds will be automatically redeemed. By selecting this box, payment is to be issued as follows:
PAYABLE [·]	то:

MAILING	ADDRESS
Care of	(if applicable)
Address	(include Apt. No., R.R. or P.O. Box)
City	Province Postal Code
Country	Telephone (primary) - - Telephone (other) - -

SECTION G - DIRECT DEPOSIT SET UP *Attach a "PERSONALIZED VOID CHEQUE" to this form*.

<u>Note</u> : The Bank Account (cheque) must be in the names of ALL bond owner(s).	
If you do not have a personalized void cheque, fields 1-5 below, MUST all be filled out. The financial institution MUST affix their branch stamp in field 5 once they have completed the verification of fields 1-4.	5
1 Name of the Registered Bank Account Holder(s)	•
2 ^{Branch Number} 3 ^{Institution Number} 4 ^{Account Number}	Branch stamp here

MAIL to:	P.O. Box 2770, Station D • Ottawa, Ontario K1P 1J7	-for Certificate Bonds and for Bonds purchased through the Payroll Savings Program
MAIL to:	P.O. Box 2390, Station D • Ottawa, Ontario K1P 1K8	for The Canada RSP/RIF
 COURIER delivery: 	2500 Solandt Rd • Suite 100 • Kanata, Ontario K2K 3G5	
lf you require furthe	er information, please contact Customer Servic	e, Monday to Friday, 9 a.m. to 5 p.m. (ET) at:
•	er information, please contact Customer Servic prough the Payroll Savings Program	te, Monday to Friday, 9 a.m. to 5 p.m. (ET) at: 1 877 899-359
•	nrough the Payroll Savings Program	

Please visit us online at: csb.gc.ca

The personal information provided on this form is protected under the provisions of the PRIVACY ACT and will be used solely for the purpose for which it was collected.