

I, the undersigned _____
Name of the spouse

residing at: _____
Complete address of the spouse

solemnly declare the following:

1. The Deceased, _____
Name of the Deceased
who was last domiciled at _____
Complete address of the Deceased
passed away on _____ (Hereafter referred to as the "Deceased");
Date of death (YYYY MM DD)

2. The Deceased signed an Application form with National Bank Financial (Hereafter referred to as "NBF") to open a _____ (Hereafter referred to as the "Account"); which was opened on _____
LIRA or LIF or LRIF or LIRSP or Prescribed RIF
_____ and bearing account No. _____;
Date of opening (YYYY MM DD) Account No.

3. I understand that, as per the legislation of the said Account, the balance of this account must be paid to the surviving spouse, unless the spouse has waived entitlement (if applicable);

4. I read and understood the definition of "spouse" and I solemnly declare that I qualify as "spouse" under the definition of "spouse" pursuant to the legislation of _____
LIRA or LIF or LRIF or LIRSP or Prescribed RIF
under account No. _____;
Account No.

5. CONSEQUENTLY, I request NBF and/or its representatives to transfer the securities and money held by the Deceased at NBF under account No. _____ to my account No. _____ which is a _____
Account No. Account No.
LIRA or LIF or LRIF or LIRSP or Prescribed RIF RRSP or RRIF
if the assets remain locked-in OR _____
if the assets are unlocked, held at NBF, using as transfer value, the fair market value of the securities at the time of transfer;

6. I understand that the appropriate tax slips will be issued by NBF to my name, as surviving spouse, for year _____;
Settlement year

7. I agree to forever fully indemnify and hold harmless NBF and its partners from any claims, damages or penalties of any kind that may be incurred by NBF and its partners in connection with account No. _____;
Account No.

8. I further acknowledge having had a reasonable opportunity to obtain independent legal and fiscal advice in relation to this declaration;

I have signed this _____ day of _____ year _____

at _____
City/Province

Signature Name in block letters

Sworn before me this _____ day of _____ year _____

at _____
City/Province

(Lawyer, notary, notary public, commissioner of oaths, etc.)

Commissioner of oaths must affix / stamp his/her seal

District: _____

Expiration: _____