

TFSA and FHSA Account Successor Holder Addition or Change Form

Account Number	Rep Code
Account Holder Name	

(Note: This form may not be used by Quebec residents or non-residents of Canada. Quebec residents or non-residents of Canada should consult a legal advisor for guidance on designating a successor holder.)

If I am domiciled in Canada at the time of my death, this designation will be governed under the laws of the province or territory where I was domiciled at the time of my death.

If I am not domiciled in Canada at the time of my death, the laws of the province or territory in Canada where I was domiciled at the time of execution of this form will apply.

A designation of a successor annuitant or beneficiary made, changed or revoked by a person acting under a power of attorney is generally not valid under applicable provincial law and may not be given effect.)

Please complete this form in order to (1) make or change a successor holder designation or (2) revoke a prior successor holder designation for the above-noted TFSA or Group TFSA or FHSA account (as applicable). Tick **either** box "1" or "2", not both:

1) Designation or Change of Successor Holder

I hereby designate in the event of my death my spouse/common-law partner[†] (as applicable) as the successor holder for my TFSA or Group TFSA or FHSA if, on the date of my death, he or she is (i) alive and (ii) my spouse or common-law partner. I acknowledge and understand that any prior successor holder designation will be automatically revoked by this designation.

[†]The terms "spouse" and "common-law partner" each has the meaning recognized in the *Income Tax Act* (Canada).

Name of Spouse/Common-law partner:

If the person identified above predeceases me then I designate the person(s) identified in Form SiT42 as the beneficiary(s) of my TFSA or FHSA account to receive Percent Allocated of the proceeds of the TFSA or FHSA account on my death.

2) Revoke a Successor Holder:

I hereby **revoke** any and all prior successor holder designation(s) for the Scotia Capital TFSA or Group TFSA or FHSA account noted above.

I understand and agree that:

- (i) this form must be properly completed and received by an authorized representative of Scotiatrust to be effective against Scotiatrust; and
- (ii) no legal opinion or representation is made by Scotia Capital Inc. or its subsidiaries or affiliates regarding the validity and enforceability of this successor holder designation/revocation.

In consideration of the TFSA/Group TFSA/FHSA records maintained by Scotia Capital Inc. on behalf of Scotiatrust being updated to reflect this successor holder designation/revocation, I agree to indemnify and hold harmless Scotia Capital Inc., Scotiatrust and their respective subsidiaries and affiliates from and against all claims, actions, losses, expenses, damages or liabilities which any of them may suffer or incur by reason of, or in connection with, this successor holder designation/revocation.

Dated at _____ this _____ day of _____

(month and year)

Signature of TFSA or Group TFSA or FHSA Holder:

Acceptance of this designation:

This designation/revocation has been accepted on behalf of The Bank of Nova Scotia Trust Company (the TFSA or FHSA issuer, located at 44 King Street West, Toronto, Ontario M5H 1H1) by the representative noted here:

Signature of Authorized Representative:

Date (MM/DD/YYYY):
