

Tax-Free First Home Savings Account (FHSA) Designation of Beneficiary

Designation permitted for Nova Scotia residents only. No other provinces currently have legislation in place to permit a designation of a beneficiary on an FHSA.

Holder Name: _____ Contract Number: _____

Holder Province of Residence: _____ Member Number: _____

I, the holder under the contract referred to above, direct the Trustee to pay all sums following due, on or after my death, to the beneficiary(s) I have listed below, and do hereby declare that:

- I hereby revoke any prior designation of beneficiary made by me under this contract. I hereby revoke any prior successor holder appointment made by me under this contract.
- The beneficiary(s) designated below must survive me and accept this designation in order to receive benefits payable under this contract. If more than one beneficiary is entitled to receive benefits and I have not allocated a percentage to them below, they shall share the proceeds equally. If the percentages I have allocated below do not add up to 100%, or if a beneficiary predeceases me, each surviving beneficiary shall receive a fraction of the proceeds in proportion to the total amount I have allocated between all the surviving beneficiaries listed below.
- The alternate beneficiary designation is valid only in the event that all of the primary beneficiaries listed below have predeceased me or refused the designation. If no beneficiary designated below survives me or accepts this designation, the proceeds of this contract shall be paid to my estate.
- I understand this designation will not be recognized where I reside in Quebec at the time of my death.

Primary Beneficiary(s) (If percentage of entitlement is allocated must total 100%)

- 1) Name: _____ % Relationship: _____
- 2) Name: _____ % Relationship: _____
- 3) Name: _____ % Relationship: _____
- 4) Name: _____ % Relationship: _____
- 5) Name: _____ % Relationship: _____
- 6) Name: _____ % Relationship: _____
- 7) Name: _____ % Relationship: _____
- 8) Name: _____ % Relationship: _____

Alternate Beneficiary(s) (If percentage of entitlement is allocated must total 100%)

Valid only in the event that **all** the primary beneficiaries listed above predecease me or refuse the above designation.

- 1) Name: _____ % Relationship: _____
- 2) Name: _____ % Relationship: _____
- 3) Name: _____ % Relationship: _____
- 4) Name: _____ % Relationship: _____
- 5) Name: _____ % Relationship: _____
- 6) Name: _____ % Relationship: _____

Caution:

- Your designation of beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.
- Your estate may be responsible for reporting and paying income tax on proceeds paid to a designated beneficiary.
- Designations are created and governed under provincial legislation. The provincial legislation may override this designation.

Date: _____

Holder Signature: _____