

Beneficiary Change

Name:

Account
Number(s):



Beneficiary
Designations:

Name	Relationship	Percentage

Signature:
Primary Owner

Signature:
Joint Owner

Date:

Send To:
Fax: 604-854-1659
Mail: 102-32310 South Fraser Way, Abbotsford, BC V2T 1X1
Email: info@mcguirehiebert.com

Office Use Only:

Advisor Name	Advisor #:
Date Rec'd:	Processed: