



Non-Financial Account Update

Agora Dealer Services Corp.
6285 Northam Drive, Suite 100, Mississauga, ON L4V 1X5
Toll Free: 1-855-GO-AGORA (462-4672)
Trade Fax: 1-888-642-4312

PLEASE CHECK ALL APPLICABLE BOXES: ADDRESS / EMAIL CHANGE NAME CHANGE BENEFICIARY CHANGE

1: ACCOUNT INFORMATION

CLIENT FIRST NAME	CLIENT LAST NAME	AGORA ACCOUNT NUMBER
DEALER NAME	ADVISOR NAME	DEALER / REP CODE

2: CLIENT ADDRESS (Please provide NEW address information below)

RESIDENTIAL ADDRESS (required)	CITY	PROVINCE	POSTAL CODE
MAILING ADDRESS (required if different from Residential Address)	CITY	PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EMAIL ADDRESS	
CLIENT SIGNATURE	DATE (MM/DD/YYYY)	JOINT CLIENT SIGNATURE	DATE (MM/DD/YYYY)

3: BENEFICIARY DESIGNATION CHANGE

Subject to applicable law, I designate named beneficiary(ies) below, who shall receive a percentage, as noted below, of any benefit payable, under my Plan on my death. If my designated beneficiary(ies) predeceases me and no other beneficiary has been appointed, payment will be made to my estate.

I understand that in the absence of a waiver for a locked-in Plan (where applicable) my surviving spouse or common-law partner may be entitled to a survivor benefit under pension legislation. Furthermore, any other beneficiary designated under the locked-in Plan will then be revoked. Agora Dealer Services Corp. ("ADSC") will advise the Dealer/Advisor in writing within 60 days of receipt if further information is required.

I, the undersigned, and the annuitant of the ADSC Self-Directed Retirement Plan noted below, do hereby revoke any previous Beneficiary Designation made by me under the Plan and designate the following as my Beneficiary(ies) to receive all benefits payable under the Plan.

NAME OF BENEFICIARY	RELATIONSHIP	SIN#	PERCENTAGE
I am aware that this designation can only be altered or revoked by me in writing and is only effective when the receipt of the alteration or revocation has been acknowledged by ADSC.	MUST TOTAL	100%	

CLIENT SIGNATURE	DATE (MM/DD/YYYY)
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4: CLIENT NAME CHANGE

PLEASE CHANGE THE NAME AS IT APPEARS ON MY ACCOUNT NAME CHANGE REASON: MARRIAGE DIVORCE OTHER

FROM: MR. MRS. MS. MISS

FIRST NAME	MIDDLE NAME	LAST NAME	CURRENT SIGNATURE
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TO: MR. MRS. MS. MISS

FIRST NAME	MIDDLE NAME	LAST NAME	NEW SIGNATURE
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ADDITIONAL DOCUMENTATION REQUIRED:

MARRIAGE CERTIFICATE / DIVORCE CERTIFICATE, OR BIRTH CERTIFICATE (NAME MUST MATCH BIRTH CERTIFICATE) / LEGAL NAME CHANGE DOCUMENTS PROVIDED BY THE GOVERNMENT.

5: DEALER / ADVISOR AUTHORIZATION

ADVISOR SIGNATURE	DATE (MM/DD/YYYY)	DEALER AUTHORIZATION (MANDATORY)	DATE (MM/DD/YYYY)
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