

Please complete and return the form **before April 30th, 2022, to the following address:**
National Bank of Canada (CDIC) 4 place Laval, Suite 600, Laval, Québec H7N 5Y3 Transit: 1606-1

Client No. _____ Account No. (If more than one, please use separate form.) _____ Transit _____

Name of Account or Company _____

Address (No., Street, Apartment, City, Province, Postal Code) _____

First and Last Name of Trustee _____

Address of Trustee (No., Street, Apartment, City, Province, Postal Code) _____

BENEFICIARIES *If more than three beneficiaries, attach another sheet. You can obtain additional copies of the form by visiting nbc.ca/cdic*

The total deposit must be distributed equally among beneficiaries.
If the deposit is being distributed otherwise, please complete the appropriate fields below.

Beneficial interest on the total amount on deposit
 (It is mandatory to indicate the value as a percentage (%))

1. _____
 First and Last Name of Beneficiary

Address (No., Street, Apartment, City, Province, Postal Code)

Phone no. _____

_____ %

2. _____
 First and Last Name of Beneficiary

Address (No., Street, Apartment, City, Province, Postal Code)

Phone no. _____

_____ %

3. _____
 First and Last Name of Beneficiary

Address (No., Street, Apartment, City, Province, Postal Code)

Phone no. _____

_____ %

SIGNATURE

By signing this form, I confirm that the deposits to this account are held in trust and that the information provided above is accurate.

_____ **X** _____
 Date (YYYY MM DD) Signature of Trustee



SADC-EW