

Please complete and return the form **before April 30th, 2023 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 there are more than sixteen beneficiaries, attach another sheet. You can obtain additional copies of the form by visiting [nbc.ca/cdic](http://nbc.ca/cdic).*

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

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

<p><b>1.</b> _____                      First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p><b>2.</b> _____                      First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p><b>3.</b> _____                      First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p><b>4.</b> _____                      First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No. _____</p>	<p>_____ %</p>
<p><b>5.</b> _____                      First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No. _____</p>	<p>_____ %</p>

## 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.

\_\_\_\_\_  
 Date (YYYY MM DD)                      **X**  
 Signature of Trustee

Continued overleaf

<p><b>6.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>
<p><b>7.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>
<p><b>8.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>
<p><b>9.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>
<p><b>10.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>
<p><b>11.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>
<p><b>12.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>
<p><b>13.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>
<p><b>14.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>
<p><b>15.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>
<p><b>16.</b></p> <p>_____</p> <p>First and Last Name of Beneficiary</p> <p>_____</p> <p>Address (No., Street, Apartment, City, Province, Postal Code)</p> <p>_____</p> <p>Phone No.</p>	<p>_____ %</p>