

Registered Account Beneficiary Designation Request CIBC Investor Services Inc.

Required Information

Account No. _____	Registered Account Type (<i>the "Plan"</i>) _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other <input type="checkbox"/> Ms <input type="checkbox"/> Miss _____	Registered Account Name _____

CIBC Representative Information

Name _____	Telephone No. _____
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Beneficiary Designation

Designation of Beneficiary for RSPs and RIFs cannot be made by residents of Quebec.

Note: For a Locked-In Retirement Account (LIRA)/Locked-In RSP, Life Income Fund (LIF), Locked-In Retirement Income Fund (LRIF), Prescribed Retirement Income Fund (Prescribed RIF), Restricted Life Income Fund (Restricted LIF) and Restricted Locked-In Savings Plan (Restricted LSP), your surviving "spouse" (as defined by the applicable pension legislation) may be entitled under pension law to receive your Plan upon your death despite any beneficiary designation you make. Please see Locked-In Amending Agreement for additional information.

In some provinces or territories, a person can transfer property after his/her death to another person only by means of a will. In other provinces or territories, the law permits a registered planholder to name a beneficiary who will receive the assets of the Plan after his or her death by completing a beneficiary designation such as this. You should consult with a legal advisor to ensure that your province or territory permits a beneficiary designation.

Notice required by law for Manitoba Residents: In Manitoba your designation of a beneficiary by means of a designation form such as this will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change beneficiary in the event of a new marriage or divorce, you will have to do so by means of a new designation.

Fill out section A or B below, not both.

A. For all Plans

You name the following person to receive the proceeds of your Plan as a LUMP SUM after your death:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other <input type="checkbox"/> Ms <input type="checkbox"/> Miss _____	First Name and Initial _____	Last Name _____	Relationship to you _____
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OR

B. For RIFs only (*Please note that this election is not available to LIFs, LRIFs, Prescribed RIFs or Restricted LIFs.*)

You elect _____, your spouse, as the successor annuitant of the Plan upon your death if he/she survives you and you certify that his or her personal information as set out in the preceding section is correct.

You, the owner of the Plan, hereby revoke any prior designations of beneficiary or, if applicable, successor annuitant which you may have made for your Plan. You designate the person named above as beneficiary or successor annuitant to receive the Plan proceeds upon your death in accordance with the Declaration of Trust for the Plan. To be entitled to receive a payment from your Plan, the person(s) you have named immediately above must be alive upon your death; otherwise the Plan proceeds will be distributed to your estate. You are aware that the Declaration of Trust which you have received states that before the Trustee makes a payment to any person the Trustee may require evidence of your death as well as other documents to establish that you did not later revoke this designation in your will or otherwise.

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Agreements and Disclosures

This account update form is used solely to update information you have provided in your Account Application Form, through subsequent updates or otherwise. If the information in this document is untrue, incorrect or incomplete, or if there is a material change in any information you have provided, you must advise us immediately.

Quebec only: You have asked that this form and all related documents be in English only. *Vous avez exigé que la présente formule et tous les documents qui s'y rattachent soient rédigés en anglais.*

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_____	_____	X	_____
Date (mm/dd/yyyy)	CIBC Representative's Name		CIBC Representative's Signature
_____	_____	X	_____
Date (mm/dd/yyyy)	Client's Name		Client's Signature
_____	_____	X	_____
Date (mm/dd/yyyy)	Witness' Name		Witness' Signature