

CHANGE OF MATURITY RECIPIENT FORM

Knowledge First Financial Inc.

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knowledgefirst
FINANCIAL

I/We understand that we have the right to the return of the deposits made toward each Plan at the scheduled date of maturity. I/We also understand that we have the option of naming either the designated student or the Subscribers of each respective Plan as the maturity recipient. At this time I/we wish to appoint the following individual(s) to receive the maturity refund at the scheduled maturity date of the plan/s.

Agreement Number(s)	Name of Maturity Recipient(s) (Must be the appointed subscriber/s OR the designated student of each plan)

Mailing Address:

Street:	
Apt.:	City:
Province:	Postal Code:
Telephone Number:	E-Mail Address:

By my/our signature at the bottom of this form, I/we hereby authorize the appointment of the above named, as the person(s) designated to receive the maturity refund. I/we also further understand that the maturity refund will be issued in the maturity recipient(s) name and will be mailed to the address I/we are herewith providing.

Subscriber's Signature:	Joint Subscriber's Signature:
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Date:
