



DESIGNATION OF BENEFICIARY RETIREMENT SAVINGS PLAN

MEMBER'S NAME

PLAN NUMBER

ADDRESS

SOCIAL INSURANCE NUMBER (SIN)

CITY/PROVINCE/POSTAL CODE

I, the undersigned, being a Member of VersaBank *RETIREMENT SAVINGS PLAN* (the "PLAN"); hereby revoke any and all Beneficiary(ies), Designation(s) heretofore made with respect of the said PLAN, and now designate the Undermentioned Beneficiary as Beneficiary of any and all proceeds payable under the PLAN in the event of my death.

DESIGNATED BENEFICIARY HEREUNDER SHALL BE: *(For multiple Beneficiaries use page 2)*

NAME *(Print Please)*

RELATIONSHIP

ADDRESS

SOCIAL INSURANCE NUMBER (SIN)

CITY/PROVINCE/POSTAL CODE

In the event that the Designated Beneficiary named does not survive me, then the proceeds payable under the PLAN shall be paid to my estate.

At any time during my life, I may revoke the Designation of Beneficiary, or submit a new Designation, which, when received by VersaBank shall constitute revocation of this form. I hereby agree on behalf of myself, my heirs, legal representatives, executors, successors, and assigns to indemnify and save harmless VersaBank, its successors, and assigns, from and against any and all actions and suits, whether groundless or otherwise, and all liability, loss and expense in any way arising by reason of any act done or omitted to be done in reliance on the terms of this instrument or any instrument intending to revoke the same.

VersaBank may request the above-named eligible Beneficiary to provide such documents as in its sole discretion it may deem necessary in order to act as requested herein. It is understood in all cases that VersaBank's only responsibility is directly to the Designated Beneficiary or to the estate of the Member, as applicable, and that the responsibility for complying with any national or local estate and/or inheritance tax laws is that of the Designated Beneficiary or the estate, as applicable.

DATED AT _____, this _____ day of _____, 20_____.

Member's Signature

Witness's Signature

DESIGNATION OF MULTIPLE BENEFICIARIES_____
MEMBER'S NAME_____
PLAN NUMBER**DESIGNATED BENEFICIARY HEREUNDER SHALL**_____
NAME_____
RELATIONSHIP_____
ADDRESS_____
SOCIAL INSURANCE NUMBER (S/M)_____
ADDRESS_____
CITY/PROVINCE/POSTAL CODE_____
NAME_____
RELATIONSHIP_____
ADDRESS_____
SOCIAL INSURANCE NUMBER (S/M)_____
ADDRESS_____
CITY/PROVINCE/POSTAL CODE_____
NAME_____
RELATIONSHIP_____
ADDRESS_____
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CITY/PROVINCE/POSTAL CODE