

Tax-Free First Home Savings Account Appointment of Successor Holder

Holder Name: _____ Contract Number: _____

Holder Province of Residence: _____ Member Number: _____

I, the holder under the contract referred to above, appoint and elect my **spouse/common-law partner**, _____, to continue as holder of the FHSA after my death as my successor holder, and do hereby declare that:

- a) I hereby revoke any prior successor holder appointment made by me under this contract.
- b) For my appointment of successor holder to be effective, my successor holder must:
 - survive me;
 - be my spouse/common-law partner immediately prior to my death; and
 - be a qualifying individual, as defined in the Income Tax Act.

If my spouse/common-law partner is not a qualifying individual, the individual is still entitled to the proceeds of my FHSA.

- c) I understand this appointment of successor holder will not be recognized where I reside in Quebec at the time of my death.

Date: _____ **Holder Signature:** _____