

199 Bay Street, Suite 2600, P.O. Box 108
Toronto, Ontario M5L 1E2 Canada
Phone: 1.877.310.1088 Fax: 416.288.8611

Representative : _____ RESP# 1185001	Account # : _____ <input type="checkbox"/> Individual <input type="checkbox"/> Joint account
---	--

This form must be attached to "Application for family Education Savings Plan" for the subscriber(s) listed below.

Subscriber information

The subscriber is the person investing on behalf of the beneficiary

A subscriber may either be an individual or an individual and his spouse or common-law partner of that individual or public primary caregiver.

Joint subscriber information

For joint accounts only; must be subscriber's spouse or common-law partner.

<input type="checkbox"/> Mr. _____ <input type="checkbox"/> Mrs. _____ <input type="checkbox"/> Ms. _____				
Last name	First name	Initials		
<u>mm/dd/yyyy</u> <u>mandatory</u>				
Date of birth	Social Insurance number	Home phone number	Business phone number	

Address	Apt.	City	Province	Postal code

<input type="checkbox"/> Mr. _____ <input type="checkbox"/> Mrs. _____ <input type="checkbox"/> Ms. _____				
Last name	First name	Initials		
<u>mm/dd/yyyy</u> <u>mandatory</u>				
Date of birth	Social Insurance number	Home phone number	Business phone number	

Address	Apt.	City	Province	Postal code

4 th beneficiary				

Last name	First name	Middle name		
<u>mm/dd/yyyy</u> <u>mandatory</u>	Date of birth	Social Insurance number	Gender	Relationship to the subscriber
			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> son/daughter <input type="checkbox"/> grandchild <input type="checkbox"/> brother/sister

Address (if different from the subscriber)	Apt.	City	Province	Postal code

Parent/Guardian name and residential address (if different from subscriber)				

Beneficiary information

Beneficiary name must match the name on the SIN card. (Please attach copy)

NOTE :

A beneficiary is the child entitled to receive the education-assistance payments under the Plan.

You may designate two or more children as beneficiaries under this Family Plan.

Each beneficiary must be connected by blood relationship or adoption to the subscriber and must be under the age of 21 unless the individual was a beneficiary under another family RESP immediately before this designation.

* If the beneficiary is under 19 years of age, also provide name and address of parent or guardian with whom the beneficiary usually resides or the public primary caregiver, if applicable.

5 th beneficiary				

Last name	First name	Middle name		
<u>mm/dd/yyyy</u> <u>mandatory</u>	Date of birth	Social Insurance number	Gender	Relationship to the subscriber
			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> son/daughter <input type="checkbox"/> grandchild <input type="checkbox"/> brother/sister

Address (if different from the subscriber)	Apt.	City	Province	Postal code

Parent/Guardian name and residential address (if different from subscriber)*				

6 th beneficiary				

Last name	First name	Middle name		
<u>mm/dd/yyyy</u> <u>mandatory</u>	Date of birth	Social Insurance number	Gender	Relationship to the subscriber
			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> son/daughter <input type="checkbox"/> grandchild <input type="checkbox"/> brother/sister

Address (if different from the subscriber)	Apt.	City	Province	Postal code

Parent/Guardian name and residential address (if different from subscriber)*				

I, HEREBY DECLARE that the information given in this document is, true, correct and complete in every respect.		
_____ Date	_____ Subscriber's Signature	_____ Joint subscriber's signature (if applicable)
Accepted by Virtual Brokers		
_____ Date	_____ Authorized signature	