



## ANNEX D

## **APPLICATION: British Columbia Training and Education Savings Grant (BCTESG)**

APPLICATION: Basic and Additional Canada Education Savings Grant (CESG) and Canada Learning Bond (CLB)

This annex is only for Beneficiaries who are residents of British Columbia with a Custodial Parent/Legal Guardian who is also a resident of British Columbia.

Instructions:

- 1. This annex is to be completed and signed by the Subscriber(s) of the RESP. The Custodial Parent/Legal Guardian also must sign if different than the Subscriber(s).
- 2. Read this document carefully. If you have any questions, do not hesitate to ask the RESP Provider.
- 3. This annex is valid only if completed, signed, dated and given to the RESP Provider. **Do NOT send directly to Employment and Social Development Canada (ESDC).**
- 4. Keep a copy for your records.

#### **RESP** Provider

**RESP** Contract No.

D-1	Information About the Su	bscriber(s)			
You are the <b>Subscriber</b> if you opened the RESP for the eligible children.	Family Name (last name)		Given Name (first nam	ie)	
If applicable, must be the spouse or common-law partner of the Subscriber.	Joint Subscriber's Family Name (last name)		Joint Subscriber's Given Name (first name)		
In the case of a <b>Child</b> Care Agency.	Name of Agency		Name of Agency Representative		
	Street Address		Suite or Apartment Nu	mber City or Town	
	Province		Country	Postal Code	
D-2	Information About the Be	neficiaries			
	<ul> <li>The Beneficiary's Social Insurance Num Beneficiary's name must be entered exa</li> <li>If you are not the Custodial Parent/Legal provided to the Custodial Parent/Legal Optimized for the Custod</li></ul>	ctly as it appears I Guardian, you ar	on their SIN documentat	tion. e the SIN (this annex will be	
If you answer NO, the BCTESG will not be paid.	YES       NO         There is only one Beneficiary named to this RESP OR all Beneficiaries are siblings AND all Beneficiaries listed on this annex are residents of British Columbia.				
	Family Name (last name)		Given Name (first name)		
The <b>Beneficiary</b> is the child named by the Subscriber who will receive money to help pay for his or her post- secondary education if they qualify under the terms of the RESP.	Date of Birth (yyyy/mm/dd)	Sex	So Female	ocial Insurance Number	
	Family Name (last name)     Given Name (first name)				
	Date of Birth (yyyy/mm/dd)	Sex	So Female	ocial Insurance Number	
	For more than two Beneficiaries, attach	additional copie	es of this annex.		
	Additional Beneficiaries - see attache			per of Beneficiaries	
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Conditions for Payment of the BCTESG			
<ol> <li>In order for the British Columbia Training and Education Savings Grant (BCTESG) and the Beneficiary's Custodial Parent/Legal Guardian must be residents of British application form is submitted by the Subscriber.</li> <li>The BCTESG may be paid only if the RESP has one Beneficiary or, if there is mor siblings.</li> <li>The Beneficiary must have been born on or after January 1, 2006. This annex must Provider <b>no earlier than</b> the Beneficiary's 6<sup>th</sup> birthday, and <b>no later than</b> the day 1 birthday. Application timelines differ for children born in 2006, 2007, 2008 and 200 for details.</li> </ol>	n Columbia at the time the re than one, all Beneficiaries are st be submitted to the RESP before the Beneficiary's 9 <sup>th</sup>		
Indicate the type of identification/proof provided that demonstrates the Custodial Pare British Columbia residency requirement.	nt/Legal Guardian meets the		
Declaration and Consent			
I authorize the RESP Provider to ask the Trustee to apply for the BCTESG in respect of the Beneficiary. I confirm that the Beneficiary and a Custodial Parent/Legal Guardian of the Beneficiary are residents of British Columbia			
I authorize that the information related to this RESP be used for the purposes of administering the BCTESG. I understand that the <i>Privacy Act</i> (Canada) gives me (or my authorized representative) the right to access or require correction to my personal information and the Beneficiaries' personal information (as applicable) kept in the government file. I confirm that I have read and understood this document, including my privacy rights found in Section D-5 and I consent to the use and sharing of my personal information and the Beneficiaries' personal information (as applicable) kept in the government formation (as appl			
Subscriber's Signature	Date (yyyy/mm/dd)		
Joint Subscriber's Signature (if applicable)	Date (yyyy/mm/dd)		
Custodial Parent/Legal Guardian's Signature (for whom proof of British Columbia residency has been provided)	Date (yyyy/mm/dd)		
Custodial Parent/Legal Guardian's Name (please print)			
	<ol> <li>In order for the British Columbia Training and Education Savings Grant (BCTESG) and the Beneficiary's Custodial Parent/Legal Guardian must be residents of British application form is submitted by the Subscriber.</li> <li>The BCTESG may be paid only if the RESP has one Beneficiary or, if there is mor siblings.</li> <li>The Beneficiary must have been born on or after January 1, 2006. This annex must Provider no earlier than the Beneficiary's 6<sup>th</sup> birthday, and no later than the day birthday. Application timelines differ for children born in 2006, 2007, 2008 and 200 for details.</li> <li>Indicate the type of identification/proof provided that demonstrates the Custodial Pare British Columbia residency requirement.</li> </ol> <b>Declaration and Consent</b> I authorize the RESP Provider to ask the Trustee to apply for the BCTESG in respect I confirm that the Beneficiary and a Custodial Parent/Legal Guardian of the Beneficiar Columbia. I authorize that the information related to this RESP be used for the purposes of adm I understand that the <i>Privacy Act</i> (Canada) gives me (or my authorized representative correction to my personal information and the Beneficiaries' personal information (as government file. I confirm that I have read and understood this document, including my privacy rights f consent to the use and sharing of my personal information and the Beneficiaries' personal information formation and the Beneficiaries' personal information (as government file. Joint Subscriber's Signature ( <i>if applicable</i> ) Custodial Parent/Legal Guardian's Signature (for whom proof of British Columbia residency has been provided)		

Where to get more information about the British Columbia Training and Education Savings Grant: Phone: 1 888 276-3624 / 1 800 465-7735 for TTY users only E-mail: cesp-pcee@hrsdc-rhdcc.gc.ca

Internet: www.canada.ca/RESPresources



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### Your Privacy Rights

The personal information you provide is collected under the authority of section 9.4 of the *Special Accounts Appropriation and Control Act* (Government of British Columbia), the *British Columbia Training and Education Savings Program Regulation* (Government of British Columbia), the *Canada Education Savings Act* (Government of Canada) and the *Income Tax Act* (Government of Canada) for the administration of the British Columbia Training and Education Savings Grant (BCTESG). The Social Insurance Number (SIN) is collected in accordance with the Treasury Board Secretariat *Directive on Social Insurance Number*. The Beneficiary's SIN is used as the primary identifier.

Participation in the BCTESG program is voluntary. However, refusal to provide personal information will result in Employment and Social Development Canada (ESDC) being unable to pay the BCTESG to the Trustee in respect of the Registered Education Savings Plan (RESP) Beneficiary.

The personal information you provide may be used by and shared between the following parties for the administration of section 9.4 of the *Special Accounts Appropriation and Control Act* and the *Income Tax Act*: the Government of British Columbia, ESDC, the Canada Revenue Agency, the RESP Provider and its agents, the Trustee, and between RESP Providers when transferring RESP assets.

Information may be shared with a third party contracted by ESDC for direct mailings. Information may also be used for policy analysis, research, and statistical and/or evaluation purposes.

Once under the control of ESDC, the information is administered in accordance with the *Department of Employment* and Social Development Act, the Canada Education Savings Act, the Privacy Act and all other applicable laws.

You have the right to the protection of, and access to, your personal information. The Personal Information Banks ESDC PPU 506 and ESDC PPU 390 describe the types of information held by ESDC for the administration of the BCTESG by the Canada Education Savings Program. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web address:

http://www.esdc.gc.ca/en/reports/atip/index.page. Info Source may also be accessed online at any Service Canada Centre.

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These definitions are provided for your information only and do not constitute the legal definitions. In the event of a discrepancy, the legal definitions found in the *Income Tax Act*, the *Canada Education Savings Act* and The British Columbia Special Accounts Appropriation and Control Act shall prevail.

This section explains why

protected. It also explains

how you can access your

your information is

used, shared and

collected and how it is

personal information.

#### Definitions

**British Columbia Training and Education Savings Grant (BCTESG):** \$1,200 grant paid into an RESP of an eligible child born in 2006 or later. It is available to children who are resident of British Columbia with a Custodial Parent/Legal Guardian who is also a resident of British Columbia at the time the application form is submitted to the RESP Provider. A Subscriber may be able to apply for the grant in respect of an eligible child no earlier than the Beneficiary's 9<sup>th</sup> birthday and no later than the day before the Beneficiary's 9<sup>th</sup> birthday.

**Custodial Parent/Legal Guardian:** Individual, department, agency or institution that has the responsibility of taking care of the child and the legal right to make decisions affecting the child's interests.

**RESP Provider (also called promoter):** Individual or organization offering an RESP to the public and who will open an RESP for the Subscriber.

**Subscriber:** Individual or Child Care Agency, who opens an RESP, names one or more Beneficiaries and may deposit money (contributions) for them into the RESP.

Trustee: Financial organization that invests, administers, and distributes the money in the RESP for the Beneficiary.

