

RESP WITHDRAWAL FORM

A. Account Information

 Subscriber: _____ Account Number: _____
 Co-Subscriber (if applicable): _____

B. Withdrawal Option

EAP - Educational Assistance Payment ----- Amount: \$ _____ (complete Section C & D)
 Make a PSE withdrawal if there is not enough revenue in the account: Yes No

PSE - Post-Secondary Educational Capital Withdrawal ----- Amount: \$ _____ (complete Section C & D)

NCW - Non-Educational Capital Withdrawal ----- Amount: \$ _____ (complete Section D)

Note: 1. Capital amount withdrawn is paid to the subscriber unless it is specified to be paid to the beneficiary;
 2. Actual amount withdrawn is subject to available cash balance and RESP regulations; for final amount withdrawn and grants breakdown, please refer to "EAP Withdrawal Notification" issued subsequent to the completion of withdrawal.

C. Beneficiary Information

 Beneficiary's Name: _____ Beneficiary's S.I.N.: ____-____-____
 The beneficiary is: Canadian resident Non-resident*

Post-secondary Program Type:

University (UN) CEGEP or Community College (CO) Program: _____
 Career College (TR) Other (OT): _____ Academic Year Start Date: _____
 Institution Name: _____ Academic year (1st, 2nd, etc...): ____
 Institution Address: _____ Academic Year Length (in weeks): ____
 Program Length (in years): _____

(POSTAL CODE IS MANDATORY)

*The beneficiary cannot have the grant portion of an EAP if he or she is a non-resident.
 Part time students (at least 12 hours of courses a month) can receive up to \$2500 for each 13 week semester.

A proof of enrolment for the CURRENT term is MANDATORY with each EAP request. Documents accepted:
 ** Letter from the post-secondary institution (with name and address) stating the student is enrolled in a full or part time program. The letter must be SIGNED and STAMPED by the post-secondary institution.
 ** Copy of the OFFICIAL course schedule AND valid student identification card (double sided copy).

D. Payment Instruction

Option 1: Issuance of Cheque (For an EAP, please provide beneficiary's address.)

 Address _____
 City _____ Province _____ Postal Code _____

Option 2: Direct Deposit (If EAP withdrawal to beneficiary, please: (a) provide a personalized void cheque or bank direct deposit form of the beneficiary's bank account; (b) ensure the bank account is in the name of the beneficiary)

Institution # (name) _____ Account # _____ Transit # _____ Bank Account Name _____

 Subscriber's Signature _____ Joint Subscriber's Signature (if applicable) _____
 Date _____ Proof of enrolment is attached

Please submit the original form to the Registered Plans Department.

Internal Use Only (To be completed by BBS)			
Banking Approval		Date	
Operation Approval		Date	