

INVESTMENT SERVICES

Designation of additional beneficiaries under **Education Saving Plan - Family**

15 York Street, 2nd Floor Toronto, ON M5J 0A3 Canada Phone: 1.877.310.1088 Fax: 416.288.8611

| Representative : | Account # : | |
|------------------|--------------|---------------|
| RESP# | 🔲 Individual | Joint account |

Plan" for th or(c) listed bol This form must be attached to "A olicatio for f aily Edu -tiz C. vir orib

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.

| 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.

| Mr. | | | | | |
|--|--|------------------------------------|---|---|--------------------------------|
| Mrs | 1 | Einst a sur | - | 1 | |
| Ms. | Last name | First nam | le | Initials | |
| mm/dd/yyyy | mandatory | | | | |
| Date of birth | Social Insurance number | Home phone n | umber | Business | phone numb |
| Address | Ap. | City | | Province | Postal c |
| | | | | | |
| ☐ Mr. ☐ Mrs. | | | | | |
| Ms. | Last name | First nam | e | Initials | |
| mm/dd/yyyy | mandatory | | | | |
| Date of birth | Social Insurance number | Home phone n | umber | Business | phone num |
| Address | Ap. | City | | Province | Postal c |
| 4 th beneficiary | | | | | |
| | | | | | |
| Last name | First name | | Middle | | |
| mm/dd/yyyy | manualory | nder male 🔲 female | | p to the subscrib | |
| | | | | | |
| Address (If differen | nt from the subscriber) | Ap. | City | Province | Postal c |
| | nt from the subscriber) ame and residential address (if | | , | Province | Postal c |
| Parent/Guardian n | | | , | Province | Postal c |
| | | | , | Province | Postal c |
| Parent/Guardian n | | | , | | Postal c |
| Parent/Guardian n 5 th beneficiary | ame and residential address (if First name mandatory Gen | different from subs | Scriber) Middle Relationshi | name ip to the subscrib | Der |
| Parent/Guardian n 5 th beneficiary Last name | ame and residential address (if First name mandatory Gen | different from subs | Scriber) Middle Relationshi | name ip to the subscrib | per |
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I, HEREBY DECLARE that the information given in this document is, true, correct and complete in every respect.

Date

Subscriber's Signature Accepted by CI Investment Services Inc.

Authorized signature

Joint subscriber's signature (if applicable)

Date PFSC09-101 add (10-2018)