

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 Capital amount withdrawn is paid to the subscriber unless it is specified to be paid to the beneficiary;  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 Actual amount withdrawn is subject to available cash balance and RESP regulations; for final amount withdrawn and grants breakdown, please refer to "EAP Withdrawal Notification" issued subsequent to the completion of withdrawal.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

<b>Internal Use Only (To be completed by CI Investment Services Inc.)</b>			
Banking Approval		Date	
Operation Approval		Date	