

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

**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.

<input type="checkbox"/> Mr.    _____ <input type="checkbox"/> Mrs.    _____ <input type="checkbox"/> Ms.    _____			
Last name	First name	Initials	
_____ <small>mm/dd/yyyy      mandatory</small>			
Date of birth	Social Insurance number	Home phone number	Business phone number
_____			
Address	Ap .	City	Province    Postal code
_____			

<input type="checkbox"/> Mr.    _____ <input type="checkbox"/> Mrs.    _____ <input type="checkbox"/> Ms.    _____			
Last name	First name	Initials	
_____ <small>mm/dd/yyyy      mandatory</small>			
Date of birth	Social Insurance number	Home phone number	Business phone number
_____			
Address	Ap .	City	Province    Postal code
_____			

4 <sup>th</sup> beneficiary			
_____			
Last name	First name	Middle name	
_____			
<small>mm/dd/yyyy      mandatory</small>			
Date of birth	Social Insurance number	<input type="checkbox"/> male <input type="checkbox"/> female	Relationship to the subscriber <input type="checkbox"/> son/daughter <input type="checkbox"/> grandchild <input type="checkbox"/> brother/sister
_____			
Address (if different from the subscriber)	Ap .	City	Province    Postal code
_____			
Parent/Guardian name and residential address (if different from subscriber)			
_____			

5 <sup>th</sup> beneficiary			
_____			
Last name	First name	Middle name	
_____			
<small>mm/dd/yyyy      mandatory</small>			
Date of birth	Social Insurance number	<input type="checkbox"/> male <input type="checkbox"/> female	Relationship to the subscriber <input type="checkbox"/> son/daughter <input type="checkbox"/> grandchild <input type="checkbox"/> brother/sister
_____			
Address (if different from the subscriber)	Ap .	City	Province    Postal code
_____			
Parent/Guardian name and residential address (if different from subscriber)*			
_____			

6 <sup>th</sup> beneficiary			
_____			
Last name	First name	Middle name	
_____			
<small>mm/dd/yyyy      mandatory</small>			
Date of birth	Social Insurance number	<input type="checkbox"/> male <input type="checkbox"/> female	Relationship to the subscriber <input type="checkbox"/> son/daughter <input type="checkbox"/> grandchild <input type="checkbox"/> brother/sister
_____			
Address (if different from the subscriber)	Ap .	City	Province    Postal code
_____			
Parent/Guardian name and residential address (if different from subscriber)*			
_____			

<b>I, HEREBY DECLARE</b> 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)
<b>Accepted by BBS Securities Inc.</b>		
_____	_____	_____
Date	Authorized signature	