

REGISTERED EDUCATION SAVINGS PLAN BENEFICIARY REPLACEMENT FORM



50 Burnhamthorpe Rd W., Suite 1000
Mississauga, Ontario L5B 4A5

RESP AGREEMENT NUMBER(S)

SUBSCRIBER 1		
LAST NAME	FIRST NAME	TITLE

SUBSCRIBER 2		
LAST NAME	FIRST NAME	TITLE

NEW BENEFICIARY INFORMATION		
LAST NAME	FIRST NAME	BIRTHDATE YYYY MM DD
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO SUBSCRIBER	SOCIAL INSURANCE NUMBER (MANDATORY)

ADDRESS
 SAME AS SUBSCRIBER SAME AS CUSTODIAL PARENT BELOW

CUSTODIAL PARENT INFORMATION

MANDATORY IF BENEFICIARY IS UNDER 19 YEARS OF AGE AND THE SUBSCRIBER IS NOT THE PARENT OR LEGAL GUARDIAN

NAME OF PARENT OR GUARDIAN

LAST NAME	FIRST NAME	TITLE
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ADDRESS FOR PARENT OR GUARDIAN

	APT NO.	CITY	PROVINCE	POSTAL CODE
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IS THE NEW BENEFICIARY A CANADIAN RESIDENT? YES NO

DO THE ORIGINAL AND NEW BENEFICIARY HAVE A PARENT IN COMMON? YES NO

IF YOUR PLAN IS A FAMILY STUDENT PLAN, ARE ALL BENEFICIARIES SIBLINGS? YES NO

IS THE NEW BENEFICIARY ATTENDING A QUALIFIED POST-SECONDARY PROGRAM? YES NO N/A

WHAT IS THE REASON FOR THE BENEFICIARY REPLACEMENT? _____

I/WE REQUEST THAT THE CURRENT BENEFICIARY BE REPLACED BY THE NEW BENEFICIARY ON THE ABOVE MENTIONED AGREEMENT(S). I/WE UNDERSTAND THAT THERE MAY BE A CHANGE REQUIRED TO THE MATURITY YEAR (YEAR IN WHICH THE NEW BENEFICIARY IS EXPECTED TO ENTER A POST-SECONDARY PROGRAM), AND AN ADJUSTMENT TO THE MATURITY DATE MAY BE REQUIRED PRIOR TO PROCESSING THIS BENEFICIARY REPLACEMENT REQUEST. I/WE UNDERSTAND THAT THE GOVERNMENT GRANTS ARE ONLY TRANSFERABLE TO THE NEW BENEFICIARY UNDER CERTAIN CONDITIONS AND HAVE COMPLETED THE ENCLOSED GRANT APPLICATION FORM FOR THE NEW BENEFICIARY.

1 SUBSCRIBER SIGNATURE	DATE YYYY MM DD
2 SUBSCRIBER SIGNATURE	DATE YYYY MM DD