

# RESP 'EDUCATIONAL' WITHDRAWAL REQUEST



50 Burnhamthorpe Rd W., Suite 1000  
Mississauga, Ontario L5B 4A5  
Toll-free: 1 800 363-7377  
Email: contact@kff.ca  
Fax: 1 800 668-5007

This form is to request a withdrawal while the student is attending post-secondary education, as a Post-Secondary Education (PSE) Contribution Payment and/or Educational Assistance Payment (EAP).

**Reminder! A *Verification of Enrolment* is required; this document can easily be obtained from your school's website or Registrar's office. Please attach it to this application. If one is not available, complete Section 2 below and affix your Registrar's seal/stamp prior to submission. An acceptance letter or offer of admission is not valid.**

**To receive a faster payout, please log in at [knowledgefirstfinancial.ca](http://knowledgefirstfinancial.ca) and request your withdrawal online. It's fast, easy, and secure!**

<b>1 PLAN INFORMATION</b>			
RESP AGREEMENT NUMBER(S)			
SUBSCRIBER 1 NAME	EMAIL	MAILING ADDRESS	
SUBSCRIBER 2 NAME	EMAIL		
STUDENT NAME	EMAIL	STUDENT ADDRESS	
STUDENT SIN (LAST 3 DIGITS ONLY)	XXXXXX	Student is a Canadian Resident for tax purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No	(IF DIFFERENT FROM SUBSCRIBER)
<b>2 VERIFICATION OF ENROLMENT</b>			
TYPE OF POST-SECONDARY EDUCATION: <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> CEGEP, PRIVATE, VOCATIONAL OR CAREER COLLEGE <input type="checkbox"/> OTHER:			PROGRAM TYPE: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate
EDUCATION INSTITUTION NAME:		ATTENDANCE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	PROGRAM LENGTH (YEARS)
PROGRAM NAME:	ACADEMIC YEAR (WEEKS) _____ CURRENT YEAR OF ENROLMENT _____	ACADEMIC TERM START DATE Y Y Y Y M M D D	PROGRAM END DATE Y Y Y Y M M D D
I provide consent to the Registrar to release my post-secondary information: <b>STUDENT SIGNATURE</b>		<b>INSTITUTION SEAL/STAMP MUST BE AFFIXED HERE</b>	
DATE Y Y Y Y M M D D			
<b>3 WITHDRAWAL AMOUNT (ANY EAP MUST BE WITHIN CRA ALLOWABLE LIMITS)<sup>1</sup></b>			
Indicate the Type and Amount of payment to be withdrawn; you can withdraw a portion of funds from each type. <b>Important!</b> The EAP is taxable income for the student and is subject to Income Tax Act (ITA) limits, which may impact the amount you can withdraw.			
Type	Amount	Payment Method	
<b>POST-SECONDARY EDUCATION (PSE)</b>		Direct Deposit*	Cheque (transaction fee will apply) <sup>2</sup>
AGR#: _____	\$ _____ OR <input type="checkbox"/> 100% OF FUNDS	<input type="checkbox"/> to a new account	<input type="checkbox"/> payable to student
AGR#: _____	\$ _____ OR <input type="checkbox"/> 100% OF FUNDS	<input type="checkbox"/> to your existing account	<input type="checkbox"/> payable to subscriber(s)
<b>EDUCATIONAL ASSISTANCE PAYMENT (EAP)</b>		Direct Deposit*	Cheque (transaction fee will apply) <sup>2</sup>
AGR#: _____	\$ _____ OR <input type="checkbox"/> 100% OF FUNDS	<input type="checkbox"/> to a new account	<input type="checkbox"/> payable to student
AGR#: _____	\$ _____ OR <input type="checkbox"/> 100% OF FUNDS	<input type="checkbox"/> to your existing account	
*For direct deposits to a new account, a pre-printed void cheque or bank form must be provided.			
<b>4 ACKNOWLEDGEMENT AND AUTHORIZATION</b>			
Student has completed 13 consecutive weeks of post-secondary education in the last 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No By signing this form, I/we confirm the above information is correct and I/we acknowledge that for Educational Assistance Payments, the student has authorized the direction of payment selected in Section 3. For Post-Secondary Education withdrawals, authorization must be provided by at least one subscriber and for Educational Assistance Payments, authorization by either subscriber or student is accepted.			
<b>SUBSCRIBER 1 SIGNATURE</b>		<b>SUBSCRIBER 2 SIGNATURE (WHERE APPLICABLE)</b>	<b>DATE</b> Y Y Y Y M M D D
<b>STUDENT SIGNATURE (WHERE APPLICABLE)</b>			<b>DATE</b> Y Y Y Y M M D D

<sup>1</sup>For more information, visit [knowledgefirstfinancial.ca](http://knowledgefirstfinancial.ca)>Withdraw from your RESP>Education Assistance Payments>EAP Withdrawal Limits.

<sup>2</sup>Visit [knowledgefirstfinancial.ca/fees](http://knowledgefirstfinancial.ca/fees)