

M MATURITY APPLICATION FOR GROUP PLANS



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Please review the following options and select the option best suited for your student's post-secondary education needs. Please read our "Your Family Group RESP At Maturity" Fact Sheet prior to making your selection below.

Please respond by **July 31**.

1 PLAN OPTIONS (SELECT ONE OPTION ONLY)			
<p>If your student will be attending 4 years of post-secondary education beginning this year:</p> <p><input type="checkbox"/> Option 1: Withdraw my contributions from the RESP agreement(s) listed below Complete sections 2, 3 and 4 below</p> <p>If your student will not be entering an eligible post-secondary program this year:</p> <p><input type="checkbox"/> Option 2: Delay the maturity of the RESP agreement(s) listed below Complete sections 2 and 4 below</p> <p>If your student is unlikely to complete 4 years of post-secondary education or you want maximum flexibility:</p> <p><input type="checkbox"/> Option 3: Transfer my Family Group Plan to a Family Single Student Plan¹ Complete sections 2 and 4 below</p>			
2 SUBSCRIBER AND STUDENT INFORMATION			
RESP AGREEMENT NUMBER(S)			
SUBSCRIBER 1 NAME		EMAIL	MAILING ADDRESS
SUBSCRIBER 2 NAME		EMAIL	
STUDENT NAME		EMAIL	STUDENT ADDRESS
STUDENT SIN			IF DIFFERENT FROM SUBSCRIBER
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3 VERIFICATION OF ENROLMENT			
<p>We require verification of enrolment which you can easily download from your school's website or obtain from your school's Registrar's office. Please attach it to this application. If one is not available, please complete Section 3 below and affix your Registrar's seal/stamp prior to submission. <u>An acceptance letter or offer of admission is NOT valid.</u></p>			
TYPE OF POST-SECONDARY EDUCATION:			
<input type="checkbox"/> UNIVERSITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> CEGEP, PRIVATE, TRADE, VOCATIONAL OR CAREER COLLEGE <input type="checkbox"/> OTHER:			
EDUCATION INSTITUTION NAME		ATTENDANCE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
PROGRAM NAME		ACADEMIC TERM START DATE	PROGRAM END DATE
		Y Y Y Y M M D D	Y Y Y Y M M D D
PROGRAM TYPE:		PROGRAM LENGTH (YEARS)	ACADEMIC YEAR (WEEKS)
<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate			CURRENT YEAR OF ENROLMENT (E.G. 1 ST , 2 ND , ETC.)
I provide consent to the Registrar to release my post-secondary information:		INSTITUTION SEAL/STAMP MUST BE AFFIXED HERE	
STUDENT SIGNATURE			
DATE Y Y Y Y M M D D			
4 SUBSCRIBER AUTHORIZATION			
SUBSCRIBER 1 SIGNATURE		SUBSCRIBER 2 SIGNATURE (IF APPLICABLE)	
DATE Y Y Y Y M M D D		DATE Y Y Y Y M M D D	

¹ To learn more about your withdrawal options after transferring to a Family Single Student Plan, please visit us at knowledgefirstfinancial.ca > Withdraw from your RESP.