

# E EDUCATION ASSISTANCE PAYMENT (EAP) APPLICATION FOR GROUP PLANS



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To receive a faster payout, please login at [knowledgefirstfinancial.ca](http://knowledgefirstfinancial.ca) and apply for an EAP online! It's fast, easy and secure. Alternatively, you can fill out the form below. The deadline is November 1st.

<b>1</b>	<b>EAP OPTIONS (SELECT ONE OPTION ONLY)</b>											
<p>If your student <b>will be</b> entering an eligible post-secondary education (PSE) program this year:</p> <p><input type="checkbox"/> Option 1: Request an EAP for the RESP agreement(s) listed below<sup>1</sup> <b>Complete sections 2 to 5 below</b></p> <p>If student <b>will not be</b> entering an eligible post-secondary education (PSE) program this year:</p> <p><input type="checkbox"/> Option 2: Delay EAPs to the following year for the RESP agreement(s) listed below <b>Complete only sections 2 and 5 below</b></p>												
<b>2</b>	<b>SUBSCRIBER AND STUDENT INFORMATION</b>											
RESP AGREEMENT NUMBER(S)												
SUBSCRIBER 1 NAME		EMAIL	MAILING ADDRESS									
SUBSCRIBER 2 NAME		EMAIL										
STUDENT NAME		EMAIL	STUDENT ADDRESS									
STUDENT SIN	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">X</td> <td style="width: 20px; height: 20px; text-align: center;">X</td> <td style="width: 20px; height: 20px; text-align: center;">X</td> <td style="width: 20px; height: 20px; text-align: center;">X</td> <td style="width: 20px; height: 20px; text-align: center;">X</td> <td style="width: 20px; height: 20px; text-align: center;">X</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (LAST 3 DIGITS ONLY)	X	X	X	X	X	X				IF DIFFERENT FROM SUBSCRIBER	
X	X	X	X	X	X							
<b>3</b>	<b>VERIFICATION OF ENROLMENT</b>											
<p>We require <i>Verification of Enrolment</i> which you can easily download from your school's website or obtain from your school's Registrar's office and attach to this application. If one is not available to attach, please complete Section 3 below and ask your Registrar's office to affix their seal/stamp prior to submission. <u>An acceptance letter or offer of admission is <b>NOT</b> 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 Y Y Y Y M M D D	PROGRAM END DATE Y Y Y Y M M D D									
PROGRAM TYPE: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate		PROGRAM LENGTH (YEARS)	ACADEMIC YEAR (WEEKS)									
			CURRENT YEAR OF ENROLMENT (E.G. 1 <sup>ST</sup> , 2 <sup>ND</sup> , ETC.)									
I provide consent to the Registrar to release my post-secondary information:		<b>INSTITUTION SEAL/STAMP MUST BE AFFIXED HERE</b>										
<b>STUDENT SIGNATURE</b>												
DATE Y Y Y Y M M D D												
<b>4</b>	<b>DIRECTION OF PAYMENT (IF NO OPTION SELECTED, A CHEQUE WILL BE SENT TO THE MAILING ADDRESS PROVIDED IN SECTION 2 ABOVE)</b>											
<input type="checkbox"/> Direct deposit to current banking account on file		<input type="checkbox"/> Cheque payable to Student										
<input type="checkbox"/> Direct Deposit to new bank account: <u>    </u> Transit number <u>    </u> Institution number <u>    </u> Account number												
<b>5</b>	<b>AUTHORIZATION (ONLY ONE SIGNATURE IS REQUIRED. SUBSCRIBER(S) OR STUDENT MAY PROVIDE AUTHORIZATION)</b>											
I acknowledge that the student is: <input type="checkbox"/> a Canadian resident for tax purposes, <input type="checkbox"/> not a Canadian resident for tax purposes, and that the student authorized the direction of payment selected in Section 4												
<b>SUBSCRIBER 1 SIGNATURE</b>		<b>SUBSCRIBER 2 SIGNATURE (IF APPLICABLE)</b>										
DATE Y Y Y Y M M D D		DATE Y Y Y Y M M D D										
<b>STUDENT SIGNATURE</b>		DATE Y Y Y Y M M D D										

<sup>1</sup> Please go to [knowledgefirstfinancial.ca](http://knowledgefirstfinancial.ca) > Withdraw from your RESP > Education Assistance Payments > EAP Withdrawal Limits.