

E EDUCATION ASSISTANCE PAYMENT (EAP) APPLICATION FOR FLEX FIRST AND FAMILY SINGLE STUDENT PLANS



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

To receive a faster payout, please login at knowledgefirstfinancial.ca and apply for an EAP online!
It's fast, easy and secure. Alternatively, you can fill out the form below.

1 EAP ACKNOWLEDGMENT			
If student will be entering an eligible post-secondary education (PSE) program this year: <input type="checkbox"/> Request an EAP for the RESP agreement(s) listed below Complete sections 2 to 6 below			
2 SUBSCRIBER AND STUDENT INFORMATION			
SUBSCRIBER 1 NAME	EMAIL	MAILING ADDRESS	
SUBSCRIBER 2 NAME	EMAIL		
STUDENT NAME	EMAIL	STUDENT ADDRESS	
STUDENT SIN	X X X X X X X X X X	IF DIFFERENT FROM SUBSCRIBER	
3 VERIFICATION OF ENROLMENT			
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. An acceptance letter or offer of admission is NOT valid.			
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 ST , 2 ND , ETC.)
I provide consent to the Registrar to release my post-secondary information: STUDENT SIGNATURE DATE Y Y Y Y M M D D		INSTITUTION SEAL/STAMP MUST BE AFFIXED HERE	
4 WITHDRAWAL AMOUNT (YOU MUST ENSURE AMOUNT REQUESTED IS WITHIN CRA EAP WITHDRAWAL LIMITS)¹			
RESP AGREEMENT NUMBER	<input type="checkbox"/> 100% OF FUNDS	OR	<input type="checkbox"/> \$ _____
RESP AGREEMENT NUMBER	<input type="checkbox"/> 100% OF FUNDS	OR	<input type="checkbox"/> \$ _____
RESP AGREEMENT NUMBER	<input type="checkbox"/> 100% OF FUNDS	OR	<input type="checkbox"/> \$ _____
5 DIRECTION OF PAYMENT (IF NO OPTION SELECTED, A CHEQUE WILL BE SENT TO THE MAILING ADDRESS PROVIDED IN SECTION 2 ABOVE)			
<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 <u> </u>			
6 AUTHORIZATION (ONLY ONE SIGNATURE IS REQUIRED. SUBSCRIBER(S) OR STUDENT MAY PROVIDE AUTHORIZATION)			
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 5			
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	
STUDENT SIGNATURE		DATE Y Y Y Y M M D D	

¹ Please go to knowledgefirstfinancial.ca > Withdraw from your RESP > Education Assistance Payments > EAP Withdrawal Limits.