

Representative : _____	Account # : _____
RESP#	<input type="checkbox"/> Individual <input type="checkbox"/> Joint account

This form must be attached to "Application for family Education Savings Plan" for the subscriber(s) listed below.

Subscriber information

The subscriber is the person investing on behalf of the beneficiary

A subscriber may either be an individual or an individual and his spouse or common-law partner of that individual or public primary caregiver.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
_____	_____	_____	_____
Last name	First name	Initials	
mm/dd/yyyy	_____	_____	_____
Date of birth	Social Insurance number	Home phone number	Business phone number

Address	Ap .	City	Province Postal code

Joint subscriber information

For joint accounts only; must be subscriber's spouse or common-law partner.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
_____	_____	_____	_____
Last name	First name	Initials	
mm/dd/yyyy	_____	_____	_____
Date of birth	Social Insurance number	Home phone number	Business phone number

Address	Ap .	City	Province Postal code

Beneficiary information

Beneficiary name must match the name on the SIN card.(Please attach copy)

NOTE :

A beneficiary is the child entitled to receive the education-assistance payments under the Plan.

You may designate two or more children as beneficiaries under this Family Plan.

Each beneficiary must be connected by blood relationship or adoption to the subscriber and must be under the age of 21 unless the individual was a beneficiary under another family RESP immediately before this designation.

* If the beneficiary is under 19 years of age, also provide name and address of parent or guardian with whom the beneficiary usually resides or the public primary caregiver, if applicable.

4 th beneficiary					
_____	_____	_____			
Last name	First name	Middle name			
mm/dd/yyyy	_____	_____	_____	_____	_____
Date of birth	Social Insurance number	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> son/daughter	<input type="checkbox"/> grandchild <input type="checkbox"/> brother/sister

Address (if different from the subscriber)	Ap .	City	Province	Postal code	

Parent/Guardian name and residential address (if different from subscriber)					

5 th beneficiary					
_____	_____	_____			
Last name	First name	Middle name			
mm/dd/yyyy	_____	_____	_____	_____	_____
Date of birth	Social Insurance number	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> son/daughter	<input type="checkbox"/> grandchild <input type="checkbox"/> brother/sister

Address (if different from the subscriber)	Ap .	City	Province	Postal code	

Parent/Guardian name and residential address (if different from subscriber)*					

6 th beneficiary					
_____	_____	_____			
Last name	First name	Middle name			
mm/dd/yyyy	_____	_____	_____	_____	_____
Date of birth	Social Insurance number	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> son/daughter	<input type="checkbox"/> grandchild <input type="checkbox"/> brother/sister

Address (if different from the subscriber)	Ap .	City	Province	Postal code	

Parent/Guardian name and residential address (if different from subscriber)*					

I, HEREBY DECLARE that the information given in this document is, true, correct and complete in every respect.		
_____	_____	_____
Date	Subscriber's Signature	Joint subscriber's signature (if applicable)
Accepted by CI Investment Services Inc.		
_____	_____	
Date	Authorized signature	