

RESP WITHDRAWAL FORM

A. Account Information

Subscriber: _____ Account Number: _____
 Co-Subscriber (if applicable): _____

B. Withdrawal Option

EAP - Educational Assistance Payment ----- Amount: \$ _____ (complete Section C & D)
 Make a PSE withdrawal if there is not enough revenue in the account: Yes No

PSE - Post-Secondary Educational Capital Withdrawal ----- Amount: \$ _____ (complete Section C & D)

NCW - Non-Educational Capital Withdrawal ----- Amount: \$ _____ (complete Section D)

Note: 1. Capital amount withdrawn is paid to the subscriber unless it is specified to be paid to the beneficiary;
 2. Actual amount withdrawn is subject to available cash balance and RESP regulations; for final amount withdrawn and grants breakdown, please refer to "EAP Withdrawal Notification" issued subsequent to the completion of withdrawal.

C. Beneficiary Information

Beneficiary's Name: _____ Beneficiary's S.I.N.: _____-____-____

The beneficiary is: Canadian resident Non-resident*

Post-secondary Program Type:

University (UN) CEGEP or Community College (CO) Program: _____

Career College (TR) Other (OT): _____ Academic Year Start Date: _____

Institution Name: _____ Academic year (1st, 2nd, etc...): _____

Institution Address: _____ Academic Year Length (in weeks): _____

_____ Program Length (in years): _____

(POSTAL CODE IS MANDATORY)

*The beneficiary cannot have the grant portion of an EAP if he or she is a non-resident.
 Part time students (at least 12 hours of courses a month) can receive up to \$2500 for each 13 week semester.

A proof of enrolment for the CURRENT term is MANDATORY with each EAP request. Documents accepted:
 ** Letter from the post-secondary institution (with name and address) stating the student is enrolled in a full or part time program. The letter must be SIGNED and STAMPED by the post-secondary institution.
 ** Copy of the OFFICIAL course schedule AND valid student identification card (double sided copy).

D. Payment Instruction

Option 1: Issuance of Cheque (For an EAP, please provide beneficiary's address)

 Address

 City Province Postal Code

Option 2: Direct Deposit (only applicable to capital withdrawal to subscriber)

 Institution # (name) Account # Transit # Bank Account Name

 Subscriber's Signature

 Joint Subscriber's Signature (if applicable)

 Date

Proof of enrolment is attached

Please submit the original form to the Registered Plans Department.

Internal Use Only (To be completed by CIIS)			
Banking Approval		Date	
Operation Approval		Date	