

Designation of Additional Beneficiaries Under ESP/RESP Family Plan

Investment Advisor: _____

Account Number: _____

NOTE: THIS FORM MUST BE ATTACHED TO THE SELF-DIRECTED EDUCATION SAVINGS PLAN- FAMILY BENEFICIARY PLAN APPLICATION FOR THE SUBSCRIBER(S) LISTED BELOW.

Promoter to tick applicable box: ESP (Plan currently not registered) RESP (Registered Plan)

SUBSCRIBER(S) (Provide the following information exactly as set out in the Application attached hereto.)

MR. MRS. MS. _____
First Name Initial Last Name Social Insurance Number
(Complete only if Spouse or Common-law Partner is to be a Joint Subscriber.)

MR. MRS. MS. _____
First Name Initial Last Name Social Insurance Number

BENEFICIARY(IES) NOTE: Each beneficiary must be connected by blood relationship or adoption to the Subscriber and must be under the age of 31 unless the individual was a beneficiary under another Family RESP immediately before this designation.

The following person is designated as Beneficiary:

MR. MRS. MS. _____
First Name Initial Last Name Social Insurance Number

Beneficiary's Residential Address* _____
(Street Number & Name / Physical address is required) Suite/Apt. No. _____

City Province Postal Code
Date of Birth (dd/mmm/yyyy) _____ Sex: Female Male Beneficiary's Relationship to Subscriber _____

Parent/Guardian

MR. MRS. MS. _____
First Name Initial Last Name Social Insurance Number

Parent/Guardian Residential Address _____
(Street Number & Name / Physical address is required) Suite/Apt. No. _____

City Province Postal Code

The following person is designated as Beneficiary:

MR. MRS. MS. _____
First Name Initial Last Name Social Insurance Number

Beneficiary's Residential Address* _____
(Street Number & Name / Physical address is required) Suite/Apt. No. _____

City Province Postal Code
Date of Birth (dd/mmm/yyyy) _____ Sex: Female Male Beneficiary's Relationship to Subscriber _____

Parent/Guardian

MR. MRS. MS. _____
First Name Initial Last Name Social Insurance Number

Parent/Guardian Residential Address _____
(Street Number & Name / Physical address is required) Suite/Apt. No. _____

City Province Postal Code

The following person is designated as Beneficiary:

MR. MRS. MS. _____
First Name Initial Last Name Social Insurance Number

Beneficiary's Residential Address* _____
(Street Number & Name / Physical address is required) Suite/Apt. No. _____

City Province Postal Code
Date of Birth (dd/mmm/yyyy) _____ Sex: Female Male Beneficiary's Relationship to Subscriber _____

Parent/Guardian

MR. MRS. MS. _____
First Name Initial Last Name Social Insurance Number

Parent/Guardian Residential Address _____
(Street Number & Name / Physical address is required) Suite/Apt. No. _____

City Province Postal Code

*NOTE: If 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.