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RESP provider

RESP contract No.

1

Information about the subscriber(s)

If you are the **primary caregiver** or their **spouse** (see Section 8 for the definitions), enter your Social Insurance Number (SIN) below. Your SIN is used to assess eligibility for the additional amount of CESG (Additional CESG) and the CLB.

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You are the **subscriber** if you opened the RESP.

Subscriber's family name (last name) Subscriber's given name (first name)

Custodial parent/legal guardian ☐ YES ☐ NO Primary caregiver or their spouse ☐ YES ☐ NO

If applicable.

Joint subscriber's family name (last name) Joint subscriber's given name (first name)

Custodial parent/legal guardian ☐ YES ☐ NO

In the case of a **child care agency**.

Name of agency

Name of agency representative

Public primary caregiver

☐ YES ☐ NO

To be completed only if you indicated above that you are the **primary caregiver** or their **spouse**.

Social Insurance Number (999 999 999) Or business number (for child care agencies)

- If the subscriber or joint subscriber is not the beneficiary's custodial parent/legal guardian, **ANNEX B** must be completed.
- If the subscriber or joint subscriber is not the primary caregiver or their spouse, **ANNEX B** must be completed to request the Additional CESG and/or the CLB.

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Information about the beneficiary

- The beneficiary's SIN is to be provided by their custodial parent/legal guardian and the beneficiary's name must be entered exactly as it appears on their SIN documentation.
- If you are not the custodial parent/legal guardian, you are not required to provide the SIN (it will be provided by the custodial parent/legal guardian in **ANNEX A**). You should still complete the remaining fields.

The **beneficiary** is the child named by the subscriber who will receive the education savings incentives to help pay for his or her post-secondary education if they qualify under the terms of the RESP.

Beneficiary's family name (last name) Beneficiary's given name (first name)

Date of birth (yyyy/mm/dd) Sex Social Insurance Number (999 999 999)

☐ Male ☐ Female

☐ Additional beneficiaries indicated in **ANNEX A** = Total number of beneficiaries

Definitions

Custodial Parent/Legal Guardian

- > Individual, department, agency or institution that has the responsibility of taking care of the child and the legal right to make decisions affecting the child's interests.

Primary Caregiver

- > Individual who is primarily responsible for the child's care and who is eligible for the Canadian child benefit (CCB), and whose name appears on the CCB payments. If the allowance is paid in your spouse's name, you must answer «no» to this question.

Note: The primary caregiver or their spouse and the custodial parent or legal guardian are often the same person.

ANNEX B must be completed by the primary caregiver or their spouse or the custodial parent or legal guardian when:

- > The subscriber or joint subscriber is not the beneficiary's custodial parent or legal guardian.
- > The subscriber or joint subscriber is not the primary caregiver or his/her spouse.

1

RESP Provider

- > Write "**National Bank Direct Brokerage**" and your **RESP account number** held at our institution.

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Section 1: Subscriber Identification

- > Identify the subscriber and, if applicable, the joint subscriber.
- > **It is mandatory to answer both questions concerning your relationship to the beneficiary.** For more details, please refer to the "Definitions" section at the bottom of this page.

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Section 2: Beneficiary Identification

- > Identify the beneficiary by completing all boxes. The **social insurance number is mandatory**.
- > If the request is for more than one beneficiary: check the box, indicate the number of beneficiaries, and complete Annex A.

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Declaration and Consent

You must read this section and sign to receive the grants and bond in this RESP.

The use of singular (such as beneficiary) also includes plural as the context requires.

I authorize the RESP provider to ask the trustee to request the CESG and/or the CLB in respect of the beneficiary.

I confirm that the beneficiary listed in Section 2 (and those indicated in ANNEX A, if applicable) meets the residency requirements set out in Section 3 and agree to inform the RESP provider if, at any time, there is a change in the beneficiary's circumstances.

If I indicated in Section 1 that I am the primary caregiver or the primary caregiver's spouse:

- I confirm that I am this individual or the public primary caregiver's authorized representative and I designate the RESP indicated in this document to receive in trust, any payments of the Additional CESG and/or CLB as applicable; and
- I understand that in order for a payment of the Additional CESG and the CLB to be made, my personal information will be verified with the Canada Revenue Agency (CRA) unless the beneficiary is maintained by a department, agency or institution. My personal information will be provided to ESDC by the CRA.

If I indicated in Section 1 that I am the custodial parent/legal guardian of the beneficiary, I confirm that I am this individual and I consent to the use and sharing of the beneficiary's personal information.

I understand that the *Privacy Act* gives me (or my authorized representative) the right to access or request correction to my personal information and the beneficiary's personal information (if applicable) kept in the government file.

I confirm that I have read and understood this document, including my privacy rights found in Section 6, and I have received a copy of this document, and I consent to the use and sharing of my personal information.

Subscriber's signature	Date (yyyy/mm/dd)
Joint subscriber's signature (if applicable)	Date (yyyy/mm/dd)

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Section 5 : Signature

- > The **signature** from the subscriber and joint subscriber (if applicable) **is mandatory**.
- > A form signed electronically using Adobe software is also accepted.
- > The **date** must be entered.

Sending the Form

- > **It is important** to send the form completed via the secure [Message Centre](#) of the online brokerage platform.