



- DESIGNATION OF ADDITIONAL BENEFICIARY(IES) UNDER RESP FAMILY PLAN** *(Complete sections of the present form, if the space provided in section 3 of the self-directed RESP (F.19555-702) application is insufficient)*
- ADDITION(S)** *(please complete sections 1, 2 and 3 of the present form)*

**1. INFORMATION ON SUBSCRIBER AND COSUBSCRIBER (IF APPLICABLE)**

_____	_____	_____
First Name of Subscriber	Surname of Subscriber	Social Insurance Number
_____	_____	_____
First Name of Cosubscriber	Surname of Cosubscriber	Social Insurance Number

**2. BENEFICIARY(IES): Designation and distribution of contributions**

Note: Each beneficiary must be related to the Subscriber and the Cosubscriber, if applicable, by blood or adoption. Contributions will automatically be distributed equally among the Family RESP account's beneficiaries. If the beneficiaries do not receive equal shares, please contact us at the time of your contribution.

**A.**

_____	_____	_____	_____
First Name of Beneficiary	Surname of Beneficiary	Social Insurance Number	Date of Birth (MM DD YYYY)
_____	_____	_____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home Address <i>(If under 19, address of parent or guardian)</i>		Relationship to Subscriber	
_____			
First Name and Surname of Parent, Guardian or Public Primary Caregiver			
Would you like your plan trustee to request grants for the beneficiary on your behalf? <input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No			

**B.**

_____	_____	_____	_____
First Name of Beneficiary	Surname of Beneficiary	Social Insurance Number	Date of Birth (MM DD YYYY)
_____	_____	_____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home Address <i>(If under 19, address of parent or guardian)</i>		Relationship to Subscriber	
_____			
First Name and Surname of Parent, Guardian or Public Primary Caregiver			
Would you like your plan trustee to request grants for the beneficiary on your behalf? <input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No			

**C.**

_____	_____	_____	_____
First Name of Beneficiary	Surname of Beneficiary	Social Insurance Number	Date of Birth (MM DD YYYY)
_____	_____	_____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home Address <i>(If under 19, address of parent or guardian)</i>		Relationship to Subscriber	
_____			
First Name and Surname of Parent, Guardian or Public Primary Caregiver			
Would you like your plan trustee to request grants for the beneficiary on your behalf? <input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No			

<sup>1</sup> If so, complete and attach the *Basic and Additional Canada Education Savings Grant and Canada Learning Bond Application and the appropriate Annexes to your situation. Also, a provincial grant application must be completed if applicable.*

**3. OTHER INFORMATION**

Are all of the beneficiaries, already registered in the account and listed on the present form, brothers and sisters?  
 Yes  No (If not, the additional CESG and the CLB will no longer be paid)

**4. IMPORTANT NOTICE**

I understand that any addition will not alter the plan's expiry date.

_____	_____	
Date (MM DD YYYY)	Signature of Subscriber	
_____	_____	_____
First Name of Subscriber	Surname of Subscriber	
_____	_____	
Date (MM DD YYYY)	Signature of Cosubscriber	
_____	_____	_____
First Name of Cosubscriber	Surname of Cosubscriber	