

REQUEST TO ADD A BENEFICIARY TO A FAMILY EDUCATION SAVINGS PLAN

Schedule "A" Form

For investment planning advice or assistance filling out this form, call:
1.800.561.9401 or 416.296.9401

Please return the completed form to:
CDSPI, 155 Lesmill Road, Toronto, ON M3B 2T8
Fax: 1.866.561.2250 or 416.296.9459
E-mail: investment@cdspi.com

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Annuity Contract Issued By: Sun Life Assurance Company of Canada

Note: Please attach a completed HRSDC grant application form for each additional beneficiary.

SECTION 1 SUBSCRIBER INFORMATION

A. Name of Subscriber (please print):

B. RESP Account Number: _____

Last First Middle or Initial

SECTION 2 FAMILY PLAN – DESIGNATION OF BENEFICIARIES

The following person(s) is (are) designated as Beneficiary (Beneficiaries) entitled to receive educational assistance payments under this Plan. Subscribers have the right to change the Beneficiaries at any time by giving notice in the manner required by the Trustee.

* Please provide a photocopy of the Social Insurance Number card for each beneficiary.

1) _____
Name (As shown on the Social Insurance Number Card)*

Relationship to Subscriber

Address Apt.

Name of Parent/Guardian (if not subscriber)

City Province Postal Code

Parent/Guardian Address Apt.

M F Day Month Year
Gender Birth Date Social Insurance Number

City Province Postal Code

Is the beneficiary currently a Canadian resident? Yes No

(The beneficiary must be a Canadian resident in order to be added to an RESP account unless a transfer is being made from another existing RESP account for this beneficiary.)

2) _____
Name (As shown on the Social Insurance Number Card)*

Relationship to Subscriber

Address Apt.

Name of Parent/Guardian (if not subscriber)

City Province Postal Code

Parent/Guardian Address Apt.

M F Day Month Year
Gender Birth Date Social Insurance Number

City Province Postal Code

Is the beneficiary currently a Canadian resident? Yes No

(The beneficiary must be a Canadian resident in order to be added to an RESP account unless a transfer is being made from another existing RESP account for this beneficiary.)

3) _____
Name (As shown on the Social Insurance Number Card)*

Relationship to Subscriber

Address Apt.

Name of Parent/Guardian (if not subscriber)

City Province Postal Code

Parent/Guardian Address Apt.

M F Day Month Year
Gender Birth Date Social Insurance Number

City Province Postal Code

Is the beneficiary currently a Canadian resident? Yes No

(The beneficiary must be a Canadian resident in order to be added to an RESP account unless a transfer is being made from another existing RESP account for this beneficiary.)