EDUCATIONAL ASSISTANCE PAYMENT/POST SECONDARY EDUCATION
RESP Withdrawal Form

CDSPI — ADVICE. INSURANCE. INVESTMENTS.

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

Annuity Contract Issued By: Sun Life Assurance Company of Canada

Please return the completed form to:
CDSPI, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4
Fax: 1.866.561.2250 or 416.296.9459
E-mail: investment@cdspi.com

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COMPLETE THIS FORM FOR EACH BENEFICIARY AND PROVIDE CURRENT YEAR PROOF OF ENROLMENT.†

SECTION 1   PLAN INFORMATION

RESP ACCOUNT NUMBER: _____

BENEFICIARY NAME: _____

SUBSCRIBER NAME: _____

BENEFICIARY SIN: _____

JOINT SUBSCRIBER (if applicable): _____

BENEFICIARY MAILING ADDRESS*: _____

Is the above named beneficiary a Canadian resident at the time of the withdrawal: ☐ Yes ☐ No

* Please provide if EAP redemption requested.

SECTION 2   EDUCATIONAL INSTITUTION INFORMATION

☐ University (01)

☐ Community College or CEGEP (02)

☐ Private trade, vocational or career college (03)

☐ Other (04): _____

EDUCATIONAL INSTITUTION: _____

INSTITUTION'S ADDRESS: _____

POSTAL CODE: _____

ACADEMIC YEAR START DATE: |__|__|__|__|__|__|__|__| Day Month Year

PROGRAM NAME: _____   ☐ Full-time ☐ Part-time

ACADEMIC YEAR LENGTH (in weeks): _____   CURRENT YEAR ENROLLED (e.g. 1st, 2nd etc.): _____   PROGRAM LENGTH (in years): _____

SECTION 3   TYPE OF REDEMPTION

☐ **Post Secondary Education (PSE)**
(Capital Only)

☐ **Educational Assistance Payments (EAP)**
(T4A will be issued to the beneficiary for this amount)

Total Withdrawal Amount

$ _____ $ _____ $ _____

Indicate the funds from which the payment is to be made:

FUND NAME	DOLLAR AMOUNT ($)

SECTION 4   PAYMENT INSTRUCTIONS (Choose one payment method only.)

1. ☐ **CHEQUE**   Make cheque payable to : ☐ Beneficiary ☐ Subscriber

   Mail cheque to: Street Address, City, Province, Postal Code _____

2. ☐ **EFT (Please provide a VOID cheque)**   Institution Name: _____

Institution Number: _____   Transit Number: _____   Account Number: _____

SECTION 5   AUTHORIZATION

I certify that the above named beneficiary is considered a Canadian resident for income tax purposes, is currently enrolled as a full-time or part-time student in a qualifying program at a post-secondary educational institution as described in the attached glossary, and that this payment will be applied towards the costs of post-secondary education.

Subscriber Signature: _____   Date: |__|__|__|__|__|__|__|__| Day Month Year

Joint Subscriber Signature (if applicable): _____   Date: |__|__|__|__|__|__|__|__| Day Month Year

† Please see attached "Glossary of Terms" for definitions including "proof of enrolment".

CDSPI USE ONLY: Processed By: _____   EAP Transaction#: _____   PSE Transaction#: _____   Transaction Date: _____

Continued on reverse ➤