

# 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, 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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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  
M F Day Month Year  
\_\_\_\_\_  
Gender Birth Date Social Insurance Number

\_\_\_\_\_  
Parent/Guardian Address Apt.  
\_\_\_\_\_  
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  
M F Day Month Year  
\_\_\_\_\_  
Gender Birth Date Social Insurance Number

\_\_\_\_\_  
Parent/Guardian Address Apt.  
\_\_\_\_\_  
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  
M F Day Month Year  
\_\_\_\_\_  
Gender Birth Date Social Insurance Number

\_\_\_\_\_  
Parent/Guardian Address Apt.  
\_\_\_\_\_  
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.)