

Investor Number _____

Account Number (Contract #) _____

Subscriber's Name (please print Last Name, First Name, Initial) _____

Social Insurance Number _____

Joint Subscriber's Name (please print Last Name, First Name, Initial) _____

Social Insurance Number _____

- I/We the undersigned Subscriber(s), hereby designate additional beneficiaries.
- I/We understand that if this Plan has applied for and received or will receive the Canada Education Savings Grant, the Additional Canada Education Savings Grant, the Canada Learning Bond or any applicable Provincial Grants (herein collectively referred to as the "Grants"), the new Beneficiary must be a Brother or Sister of every other Beneficiary.
- I/We the undersigned Subscriber(s), hereby revoke the following designation(s) made on this contract:

_____ and hereby add the following Beneficiary(s)

Beneficiary Information (each Beneficiary Name must match the name on their SIN card)

Gender: Male Female

First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)	Social Insurance Number
Address		City	Province	Postal Code
This beneficiary is the Subscriber's Natural/Adopted: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/Sister		Canadian Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allocation of Contributions to this beneficiary (optional): _____ %	
Beneficiary's Parent/Guardian/Public Primary Caregiver's First Name <input type="checkbox"/> Same as Subscriber, or:		Middle Name	Last Name	

Application for the Grants

I/We have completed and attached one of the following application forms:

- Canada Education Savings Grant Application (HRSDC Form #0069)
- Basic and Additional Canada Education Savings Grant and Canada Learning Bond Application (HRSDC Form #0071)
- Basic and Additional Canada Education Savings Grant and Canada Learning Bond Application – Subscriber(s) Only (HRSDC Form #0073)
- Provincial Grant Application

I/We confirm that the beneficiary is a resident of Canada and that residency is a requirement for receiving a grant under the Canada Education Savings Grant Program. I/We undertake to advise the trustee if the beneficiary is no longer resident in Canada at the time of any subsequent contribution in relation to that beneficiary. I/We undertake to advise the trustee if the beneficiary is no longer resident in Canada at the time of an education assistant payment is requested.

I hereby declare that the information contained herein is true, correct and complete in every respect.

X _____ **X** _____ **X** _____
 Subscriber Signature Joint Subscriber Signature Witness Signature Date (mm/dd/yyyy)

Beneficiary Information (each Beneficiary Name must match the name on their SIN card)

Gender: Male Female

First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)	Social Insurance Number
Address		City	Province	Postal Code
This beneficiary is the Subscriber's Natural/Adopted: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother/Sister		Canadian Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allocation of Contributions to this beneficiary (optional): _____ %	
Beneficiary's Parent/Guardian/Public Primary Caregiver's First Name <input type="checkbox"/> Same as Subscriber, or:		Middle Name	Last Name	

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I hereby declare that the information contained herein is true, correct and complete in every respect.

X _____ **X** _____ **X** _____
 Subscriber Signature Joint Subscriber Signature Witness Signature Date (mm/dd/yyyy)

*The Beneficiary's Parent/Guardian/Caregiver is only required if the Beneficiary is under 19 years of age at the time designated as Beneficiary

Please Provide a Photocopy for your Investor's Records