

Investor Number

Account Number (Contract #)

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

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

Change Personal Detail (Check One) **Subscriber** **Joint Subscriber** **Beneficiary**

Name (please print Last Name, First Name, Middle Name)

Social Insurance Number

Address

City

Province

Postal Code

Home Phone

Alternate Phone

Date of Birth (mm/dd/yyyy)

Change Beneficiary Detail (for Individual Plan Only)

As Subscriber(s), I/we revoke all prior designations and hereby designate the following individual as the Beneficiary to receive Educational Assistance Payments from this Plan:

Beneficiary's Name as it appears on the Social Insurance Card (please print Last Name, First Name, Middle Name)

Social Insurance Number

Beneficiary's Parent/Guardian/Public Primary Caregiver Name* (Last Name, First Name, Initial)

Beneficiary's Date of Birth (mm/dd/yyyy)

Address

City

Province

Postal Code

I understand that there are consequences as to changing the beneficiary to:

1. Someone other than my/our natural or adopted child or grandchild
2. Someone who is not a Brother or Sister of the original beneficiary and the Plan has applied for and received or will receive the Canada Education Savings Grant, the Additional Canada Education Savings Grant, the Canada Learning Bond and any applicable Provincial Grants (herein collectively referred to as the "Grants")

This replacement Beneficiary is is not

1. Under 21 years of age, and
2. i) a sibling of the former beneficiary, or
ii) both the former and replacement beneficiaries are my/our natural or adopted child grandchild

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 _____
Subscriber Signature

X _____
Joint Subscriber Signature

X _____
Witness Signature

Date (mm/dd/yyyy)

Change Joint Subscriber (Check One) **As subscriber I elect to:**

- Add my spouse** (as defined in the Income Tax Act) as Joint Subscriber to this plan and by signing below, my spouse accepts this appointment:

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

Social Insurance Number

Address

City

Province

Postal Code

Date of Birth (mm/dd/yyyy)

- Remove** _____, one of the Subscribers herein, by either:

- joint election by both of the Subscribers; or relationship breakdown (Court Order attached)

Change Designated Institution Detail

As Subscriber(s), I/we designate the following as the Designated Institution entitled to receive any income accumulations not utilized for Education Assistance Payments to the Beneficiary which may exist at the Termination Date (26 years form the opening date) of (mm/dd/yyyy): 12/31/20_____

Educational Institution Name

Address

City

Province

Postal Code

Subscriber Authorization

X _____
Subscriber Signature

X _____
Joint Subscriber Signature

X _____
Witness Signature

Date (mm/dd/yyyy)

Financial Institution Name

Dealer #

Representative Name

Branch/Rep #

Please Provide a Photocopy for your Investor's Records