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| <p><b>Account number:</b> _____</p> <p><b>Subscriber (or public primary care giver)</b><br/> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____</p> <p><b>Co-subscriber (if applicable)</b><br/> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____</p>  |
| <p><b>New beneficiary</b> (he/she must be a Canadian resident at the time of this request)</p> <p><b>Personal information</b><br/> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____<br/>         Social insurance number: _____ Date of birth (DD-MM-YYYY): ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p><b>Home address</b><br/>         Same as <input type="checkbox"/> subscriber <input type="checkbox"/> co-subscriber<br/>         Number and street: _____ Apt.: _____<br/>         City: _____ Province: _____<br/>         Country: _____ Postal code: _____</p> <p><b>Family relationship between the subscriber and the beneficiary:</b><br/> <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandfather/Grandmother <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Brother/Sister <input type="checkbox"/> No family relationship <input type="checkbox"/> Agency<br/> <input type="checkbox"/> Other _____</p> <p>Is the new beneficiary a brother or sister of the current beneficiary (ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p><b>Personal information of parent, tutor or public primary care giver</b><br/>(only if none of these persons is a Plan subscriber)</p> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____<br/>         Home address<br/>         Number and street: _____ Apt.: _____<br/>         City: _____ Province: _____<br/>         Country: _____ Postal code: _____</p>  |
| <p><b>Beneficiary to be withdrawn from the Plan</b><br/> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____<br/>         Social insurance number: _____ Date of birth (DD-MM-YYYY): ____/____/____</p>   |

To add a beneficiary to a Family Education Savings Plan, use Plan Application Form VD250F.

The rules applicable to the appointment of a beneficiary depend on the type of Registered Education Savings Plan (RESP) held.

**Type of plan covered by this request** (check only one box):

- Individual plan: No restrictions concerning the age of the beneficiary or the type of relationship (blood relationship or adoption\*) between the subscriber and the beneficiary. A non-family plan has only one beneficiary.
- Family plan: Each beneficiary must be connected by blood relationship or adoption\* to each living subscriber, or have been connected to a deceased original subscriber. Also, the beneficiary must be under the age of 21 or have been, immediately before being added to the plan, a beneficiary under another Education Savings Plan.

I have read and understood the provisions that apply to the type of RESP that I hold and I confirm that the new appointment of beneficiary complies with their conditions.



## Registered Education Savings Plans Request for Change of Beneficiary

Account number: \_\_\_\_\_

Furthermore, to receive the Additional Canada Education Savings Grant (CESG) or the Canada Learning Bond (CLB), an eligible beneficiary must be the beneficiary of an individual RESP or a family RESP in which all beneficiaries are brothers and sisters (siblings).

Following the change of beneficiary, the contributions or net contributions made for the former beneficiary shall be deemed to have been made for the new beneficiary, at the initial contribution date. This could result in excess contributions and have consequences on previous RESP contributions (annual and lifetime limits).

To avoid such consequences, one of the following conditions should be complied with:

- the new beneficiary is a brother or a sister of the former beneficiary and is under 21 years of age when added to the plan
- or**
- both beneficiaries are connected by blood relationship or adoption\* to an original subscriber and both beneficiaries are under 21 years of age. Also, no Additional CESG has been received in the RESP account.

Since the Canada Learning Bond (CLB) is granted to a specific individual, it cannot be transferred to another beneficiary.

I hereby authorize Desjardins Securities to process the change of beneficiary as requested herein. I have read and understood the present form and accept all possible consequences resulting from this change of beneficiary.

\_\_\_\_\_  
Subscriber's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-subscriber's signature (if required)

\_\_\_\_\_  
Date

\* **Blood relationship or adoption:** Under the Income Tax Act, a blood relationship means the ties that connect a person to his or her son or daughter (or his or her other descendants such as his or her grandson or granddaughter), to his or her parents (or other ascendants, such as his or her grandparents), to his or her brother or to his or her sister. An adopted child is connected by adoption to his or her adoptive father and adoptive mother, to any child (and other descendants) of his or her adoptive parents and to the parents (and other ascendants) of his or her adoptive parents. Stepchildren are considered to be connected to their stepfather and their stepmother because they are the children of their stepfather's or stepmother's spouse or common-law partner. Under the Act, the subscriber's nieces, nephews, aunts, uncles, and cousins are not considered to be connected by blood relationship, and a person is not considered to be related to himself or herself.