Desjardins Securities

REGISTERED EDUCATION SAVINGS PLAN
Request for Withdrawal of RESP Contributions

Account number: _____

Subscriber (or public primary care giver)

☐ Mr. ☐ Ms. Surname: _____ First name: _____

Co-subscriber (if applicable)

☐ Mr. ☐ Ms. Surname: _____ First name: _____

Payment option (check only one box):

☐ Mail a cheque ☐ By direct deposit ☐ Pick up cheque at the branch

Amount of payment: $_____

The withdrawal of RESP contributions concerns a Registered Education Savings Plan (RESP) for which (check only one box):

☐ An RESP beneficiary is presently enrolled in a qualifying educational program and he/she is eligible for Educational Assistance Payments (EAP) (attach proof of academic enrollment and, if the beneficiary studies less than 10 hours a week, a certificate from a doctor or a healthcare professional attesting to his/her impairment). However, if no Canada Education Savings Grant (CESG) or Québec education savings incentive (QESI) amounts are left in the RESP, these documents are not necessary.

☐ No beneficiary is eligible to receive an Educational Assistance Payment (EAP). In this case, the Basic and Additional CESG related to the amount withdrawn shall be reimbursed to the Government of Canada. Generally, between 20% and 40% of the amount withdrawn shall be refunded to cover the CESG. Furthermore, for RESPs having benefited from the Québec Education Savings Incentive (QESI), a special tax equivalent to 10 to 20% of the value of the withdrawal must then be reimbursed to the Government of Québec. When the balance of the amount received as a grant in the RESP or QESI (if applicable) is lower than the percentage indicated, the entire remaining amount will be refunded to Government.

To withdraw an RESP overcontribution of $4,000 or less made in 2006 or before, complete form HRSDC SDE 0074 ”Subscriber Statement for an RESP Overcontribution Withdrawal of $4,000 or Less,” which can be found on the Human Resources and Skills Development Canada Web site.

I hereby authorize Desjardins Securities to make the withdrawal of RESP contributions as requested herein. I certify that I have been informed of all the possible consequences of this type of withdrawal and I accept them.

_____ _____

Subscriber’s signature Date

_____ _____

Co-subscriber’s signature (if required) Date