

Account number: _____
Subscriber (or public primary care giver) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____
Co-subscriber (if applicable) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____
Beneficiary receiving the Educational Assistance Payments (EAP) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____
At the time of this request, the beneficiary is: <input type="checkbox"/> a Canadian resident <input type="checkbox"/> not a Canadian resident ¹ <input type="checkbox"/> a Québec resident <input type="checkbox"/> not a Québec resident ²
The beneficiary has been a student enrolled in a qualifying educational program at a designated post-secondary educational institution since (DD-MM-YYYY): ____/____/____
¹ If the beneficiary is not a Canadian resident, the CESG will not be paid to him/her and he/she will have to pay income tax on the amount withdrawn.
² In the case where the beneficiary who has received the Québec Education Savings Incentive (QESI) does not reside in Québec when the EAP is paid, the part of the EAP attributable to the QESI will be made null and void.
Payment option (check only one box): <input type="checkbox"/> Mail a cheque <input type="checkbox"/> Pick up cheque at the branch
Amount of payment: \$ _____

The beneficiary of the Educational Assistance Payments (EAP) must be a student enrolled in a qualifying educational program at a designated post-secondary educational institution (check only one box):

- enrolled full-time in a qualifying educational program in an accredited post-secondary education institution (**attach proof of academic enrollment**)
- at least 16 years old and enrolled in a recognized educational program. This type of program, which runs for a minimum of three consecutive weeks, requires that the student devote at least twelve hours per month to studying. (**attach proof of academic enrollment**)

Furthermore, the program is a qualifying educational program only if the student is not working, except as a part-time employee to earn money to pay for his/her studies. Also, the program cannot be related to the student's job.

The total of all Education Assistance Payments (EAP) made during the first 13 weeks of the beneficiary's studies is the lesser of the amount of education-related expenses and \$5,000 for the student enrolled in a qualifying educational program and \$2,500 for the student enrolled in a recognized educational program. On a case-by-case basis, a higher EAP limit can be authorized by written approval of the Minister of Human Resources and Social Development (CESG program).

Subsequently, this \$5,000 or \$2,500 limit no longer applies. The EAP has therefore been limited since August 12, 2008 to \$20,000 per year (calendar).

I hereby authorize Desjardins Securities to make the Educational Assistance Payments requested herein. I understand that the EAP must be included in the beneficiary's income for the year in which the payments are received.

In the event that the market value of the Plan, minus the net value of contributions, is not enough to withdraw the amount of EAP requested (choose one of the two options): <input type="checkbox"/> I authorize Desjardins Securities to withdraw capital. The amount withdrawn will be paid to: <input type="checkbox"/> the beneficiary <input type="checkbox"/> me. <input type="checkbox"/> I do not authorize Desjardins Securities to withdraw capital. Consequently, the amount of the payment will be reduced.

Subscriber's signature _____
Date

Co-subscriber's signature (if applicable) _____
Date