



REGISTERED EDUCATION SAVINGS PLAN (RESP) TRANSFER FORM

Annex 1: Additional beneficiaries

1. Each promoter is to complete their respective copy of Annex 1 and provide their respective information.
2. Attach additional copies of this annex as required.

1 Information about the promoter	
Promoter's name	
Contract number	Completed by: <input type="checkbox"/> Receiving promoter <input type="checkbox"/> Relinquishing promoter

2 Information about the beneficiaries			
	Beneficiary _____	Beneficiary _____	Beneficiary _____
Family name			
Given name			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance Number			
Date of birth (yyyy/mm/dd)			
CLB amount	\$	\$	\$
Lifetime contributions	\$	\$	\$

Optional: Additional information about the beneficiaries (to be provided if available)				
OPTIONAL	Named to receiving RESP	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Assisted contributions	\$	\$	\$
	Unassisted contributions	\$	\$	\$
	Year-to-date contributions	\$	\$	\$
	Basic CESG	\$	\$	\$
	Additional CESG	\$	\$	\$
	BCTESG	\$	\$	\$
	SAGES	\$	\$	\$
	CESG paid out in EAPs	\$	\$	\$
	CESG repaid	\$	\$	\$
	PSE/Contribution withdrawal	\$	\$	\$
Pending incentives (specify)				

Send to relinquishing or receiving promoter with
Part B or C (as applicable)

Ce formulaire est disponible en français