

Section 1 - Account Identification

Client number: _____

Subscriber (or public primary care giver)

 Mr. Ms. Last name: _____ First name: _____

Co-subscriber (if applicable)

 Mr. Ms. Last name: _____ First name: _____**Section 2 - Beneficiary Identification**

Beneficiary receiving the Educational Assistance Payments (EAP)

 Mr. Ms. Last name: _____ First name: _____

At the time of this request, the beneficiary is (check only one box):

 Canadian resident not Canadian resident¹ Quebec resident not Quebec resident²

The beneficiary has been a student enrolled in a qualifying educational program at a designated post-secondary educational institution since (YYYY-MM-DD): _____

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is not a Canadian resident, the CESG will not be paid to him/her and he/she will have to pay income tax on the amount withdrawn.² In the case where the beneficiary who has received the Quebec Education Savings Incentive (QESI) does not reside in Quebec when the EAP is paid, the part of the EAP attributable to the QESI will be made null and void.

The beneficiary of the EAP is (check only one box):

 a full-time student enrolled 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 12 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.

Client number: _____

Section 3 - Payments

I would like the EAP will be (check only one box):

Mail a cheque to the address of:

subscriber

beneficiary Address (No. and street): _____ Apartment: _____

City: _____ Province: _____

Country: _____ Postal code: _____

Pick up cheque (at the branch)

Deposit in to the Full Services Brokerage Desjardins Online Brokerage beneficiary's account
(cash account only): _____

Account number

Amount of payment: \$ _____

The total of all 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 and the maximum amount below which the gouvernement doesn't require additional substantiation comes to \$23,113 for 2017 (calendar year). Please note that a tax slip will be issued to the beneficiary for an EAP withdrawal. No tax slip is issued for a capital withdrawal.

Section 4 - Authorization

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 (check only one box):

I authorize Desjardins Securities to withdraw capital. The amount withdrawn will be paid to the beneficiary me.

I do not authorize Desjardins Securities to withdraw capital. Consequently, the amount of the payment will be reduced.

Subscriber's signature

Date (YYYY-MM-DD)

Co-subscriber's signature (if applicable)

Date (YYYY-MM-DD)