

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: _____	
Recipient (the person who will receive the AIP must be a subscriber, unless the plan's subscriber has deceased) <input type="checkbox"/> Subscriber <input type="checkbox"/> Co-subscriber <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____ Social insurance number: _____	
Payment option (check only one box): <input type="checkbox"/> Mail a cheque <input type="checkbox"/> By direct deposit <input type="checkbox"/> Pick up cheque at the branch	
Amount of payment: \$ _____	
The date* on which the Plan will be closed (YYYY-MM-DD): _____ *This date must be before the end of February of the year after the year in which the first payment is made.	

I certify that **all** the following conditions are met:

- Each (current or previous) beneficiary for whom contributions were made has reached 21 years of age or has deceased and is not eligible to receive Educational Assistance Payments **or** each (current or previous) beneficiary for whom contributions were made has deceased before reaching 21 years of age.
- The request is made more than nine years after the year in which the account was opened **or** all beneficiaries (current or previous) have deceased **and** were either the subscriber, a person related to the subscriber, or a nephew, niece, great nephew or great niece of the subscriber.
- The recipient is a subscriber of the RESP **or** the recipient is entitled to an Accumulated Income Payment following the death of the person who was a subscriber immediately before his/her death.
- The recipient is a resident of Canada.
- The payment will be made in the name of one person, not jointly to somebody else.

Furthermore, all the contributions made to the RESP have been withdrawn. All money received as CESG or Quebec education savings incentive (QESI) that has not been withdrawn from the plan shall be reimbursed to Human Resources and Social Development Canada (HRSDC) or to Revenu Québec.

As a recipient, I understand that the Accumulated Income Payment (AIP) must be included in my income for the year the payments are received. Furthermore, the payment is subject to two different taxes: the recipient's regular income tax and an additional tax. To calculate the additional withholding tax, I must complete form T1172 "Additional Tax on Accumulated Income Payments from RESP" and attach it to my return for the current year. If I am a Quebec resident, I must also complete form T-1129.64-V, "Special Tax Relating to a Registered Education Savings Plan," and attach it to my return for the current year.

Furthermore, if I want to declare a portion of the AIP as an RRSP contribution, I must complete form T1171, "Tax Withholding Waiver on Accumulated Income Payments from RESP," and attach it to the AIP form with a copy of my "RRSP Deduction Limit Statement" for the current year. In this case, I certify that I have read and understood all the conditions described in the T1171 form and that I will comply with its conditions.

I hereby authorize Desjardins Securities Inc. to make the Accumulated Income Payment requested herein. I agree to the closing of the plan at the date indicated in the present document.

 Subscriber's signature Date (YYYY-MM-DD)

 Co-subscriber's signature (if required) Date (YYYY-MM-DD)

 Recipient's signature (if he/she is not a plan subscriber) Date (YYYY-MM-DD)