



# REGISTERED EDUCATION SAVINGS PLAN (RESP) TRANSFER FORM

## Annex 1: Additional beneficiaries

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

### 1 Information about the promoter

|                 |                                                                                                     |
|-----------------|-----------------------------------------------------------------------------------------------------|
| Promoter's name |                                                                                                     |
| Contract number | Completed by: <input type="radio"/> Receiving promoter <input type="radio"/> Relinquishing promoter |

### 2 Information about the beneficiaries

| Beneficiary                           | Beneficiary                                                                                  | Beneficiary                                                                                  | Beneficiary                                                                                  |
|---------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Family name                           |                                                                                              |                                                                                              |                                                                                              |
| Given name                            |                                                                                              |                                                                                              |                                                                                              |
| Gender                                | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender |
| Social Insurance Number (999 999 999) |                                                                                              |                                                                                              |                                                                                              |
| Date of birth (yyyy/mm/dd)            |                                                                                              |                                                                                              |                                                                                              |
| Canada Learning Bond (CLB) amount     | \$                                                                                           | \$                                                                                           | \$                                                                                           |
| Lifetime contributions                | \$                                                                                           | \$                                                                                           | \$                                                                                           |

#### Optional: Additional information about the beneficiaries (to be provided if available)

| OPTIONAL                     | Beneficiary                | Beneficiary                                        | Beneficiary                                        | Beneficiary                                        |
|------------------------------|----------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
|                              | Named to receiving RESP    | <input type="radio"/> YES <input type="radio"/> NO | <input type="radio"/> YES <input type="radio"/> NO | <input type="radio"/> YES <input type="radio"/> NO |
|                              | Assisted contributions     | \$                                                 | \$                                                 | \$                                                 |
|                              | Unassisted contributions   | \$                                                 | \$                                                 | \$                                                 |
|                              | Year-to-date contributions | \$                                                 | \$                                                 | \$                                                 |
|                              | Basic CESG                 | \$                                                 | \$                                                 | \$                                                 |
|                              | Additional CESG            | \$                                                 | \$                                                 | \$                                                 |
|                              | BCTESG                     | \$                                                 | \$                                                 | \$                                                 |
|                              | 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