



# 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="radio"/> Receiving promoter <input type="radio"/> Relinquishing promoter

### 2 Information about the beneficiaries

	Beneficiary _____	Beneficiary _____	Beneficiary _____
Family name			
Given name			
Sex	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
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)**

	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	\$	\$	\$
SAGES	\$	\$	\$
CESG paid out in EAPs	\$	\$	\$
CESG repaid	\$	\$	\$
PSE/Contribution withdrawal	\$	\$	\$
Pending incentives (specify)			

**OPTIONAL**

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

Ce formulaire est disponible en français