

REGISTERED EDUCATION SAVINGS PLAN Request for Educational Assistance Payments (EAP)

| 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 resident ² | | | |
| The beneficiary has been a student enrolled in a qualifying education since (YYYY-MM-DD): | ional program at a designated post-secondary educational | | | |
| 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is not a Canadian resident, the CESG will not be paid to him/her and he/she will have to pay income tax on the amount withdrawn.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 (attach proof of academic enrollment). | an accredited post-secondary education institution | | | |
| at least 16 years old and enrolled in a recognized educational proof three consecutive weeks, requires that the student devote at least 16 years old and enrolled in a recognized educational proof three consecutive weeks, requires that the student devote at least 16 years old and enrolled in a recognized educational proof three consecutive weeks, requires that the student devote at least 16 years old and enrolled in a recognized educational proof three consecutive weeks, requires that the student devote at least 16 years old and enrolled in a recognized educational proof three consecutive weeks, requires that the student devote at least 16 years old and enrolled in a recognized educational proof three consecutive weeks. | · · · · · · | | | |
| Furthermore, the program is a qualifying educational program only it to earn money to pay for his/her studies. | f the student is not working, except as a part-time employee | | | |

| Section 3 - Paymen | nts | | |
|---|---|--|---|
| would like the EAP v | will be (check only one box): | | |
| \square Mail a cheque to the | ne address of: | | |
| subscriber | | | |
| ☐ beneficiary | Address (No. and street): | | Apartment: |
| | City: | | Province: |
| | Country: | | Postal code: |
| \Box Pick up cheque (at | the branch) | | |
| • | Full Services Brokerage Desjardins /): Account number | Online Brokerage beneficiar | ry's account |
| Amount of payment | :\$ | | |
| ex-penses and \$8,00 recognized education | nade during the first 13 weeks of the ber 00 for the student enrolled in a qualifyin 1al program. On a case-by-case basis, 1sources and Social Development (CESG | g educational program and s a higher EAP limit can be a | \$4,000 for the student enrolled in a |
| require additional sub | 9,000 or \$4,000 limit no longer applies a pstantiation comes to \$28,881 for 2025 or withdrawal. No tax slip is issued for a ca | (calendar year). Please note | <u> </u> |
| Section 4 - Authoriz | zation | | |
| | esjardins Securities to make the Education d in the beneficiary's income for the year | • | |
| In the event that the EAP requested (che | market value of the Plan, minus the net | value of contributions, is not | t enough to withdraw the amount of |
| ☐ I authorize Desjar | rdins Securities to withdraw capital. The | amount withdrawn will be pai | id to \square the beneficiary \square me. |
| \square I do not authorize | Desjardins Securities to withdraw capita | al. Consequently, the amount | of the payment will be reduced. |
| | | | |
| Subscriber's signatur | e | Date (YYYY-MM-DD |)) |
| Co-subscriber's signa | ature (if applicable) | Date (YYYY-MM-DD |)) |
| | | | |

Client number:

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