

RESP WITHDRAWAL FORM

A. Account Information

Subscriber: _____ Account Number: _____
Co-Subscriber (if applicable): _____

B. Withdrawal Option

- EAP - Educational Assistance Payment----- Amount: \$ _____ (complete Section C & D)
Make a PSE withdrawal if there is not enough revenue in the account: Yes No
- PSE - Post-Secondary Educational Capital Withdrawal----- Amount: \$ _____ (complete Section C & D)
- NCW - Non-Educational Capital Withdrawal----- Amount: \$ _____ (complete Section D)

Note: 1. Capital amount withdrawn is paid to the subscriber unless it is specified to be paid to the beneficiary;
2. Actual amount withdrawn is subject to available cash balance and RESP regulations; for final amount withdrawn and grants breakdown, please refer to "EAP Withdrawal Notification" issued subsequent to the completion of withdrawal.

C. Beneficiary Information

Beneficiary's Name: _____ Beneficiary's S.I.N.: _____ - -
The beneficiary is: Canadian resident Non-resident*

Post-secondary Program Type:

- University (UN) CEGEP or Community College (CO) Program: _____
 Career College (TR) Other (OT): _____ Academic Year Start Date: _____
Institution Name: _____ Academic year (1st, 2nd, etc...): _____
Institution Address: _____ Academic Year Length (in weeks): _____
Program Length (in years): _____

(POSTAL CODE IS MANDATORY)

*The beneficiary cannot have the grant portion of an EAP if he or she is a non-resident.
Part time students (at least 12 hours of courses a month) can receive up to \$2500 for each 13 week semester.

A proof of enrolment for the CURRENT term is MANDATORY with each EAP and PSE request(s). Documents accepted:
** Letter from the post-secondary institution (with name and address) stating the student is enrolled in a full or part time program. The letter must be SIGNED and STAMPED by the post-secondary institution.
** Copy of the OFFICIAL course schedule AND valid student identification card (double sided copy).

D. Payment Instruction

Option 1: Issuance of Cheque (For an EAP, please provide beneficiary's address.)

Address _____

City Province Postal Code

Option 2: Direct Deposit (If EAP withdrawal to beneficiary, please: (a) provide a personalized void cheque or bank direct deposit form of the beneficiary's bank account; (b) ensure the bank account is in the name of the beneficiary)

Institution # (name) Account # Transit # Bank Account Name

Subscriber's Signature _____ Joint Subscriber's Signature (if applicable) _____

Date Proof of enrolment is attached

Please submit the original form to the Registered Plans Department.

Internal Use Only (To be completed by CI Investment Services Inc.)			
Banking Approval		Date	
Operation Approval		Date	

**CI Financial Corp. Privacy Office
Canadian****Subsequent Collection Form Standard Privacy Notice**

CI Investment Services Inc. ("CIIS", "we", "our", "us") requires personal information to administer and provide services associated with your account ("Account Services"). We use the personal information collected on this form to provide the products and services you have requested, improve our products and services, and fulfill our legal and regulatory obligations. Additional privacy terms apply to use of our online services and certain other services. We are not responsible for Third Party Providers such as your financial advisor and their dealership, who process personal information in accordance with their own terms. We share your personal information with CI Financial company affiliates and their subsidiaries where necessary to administer and service your account. You have the right to request access to or correction of, or withdraw your consent to the processing of, your personal information. For more information, including with respect to our use of service providers outside of Canada or your province of residence, please contact our Privacy Officer or see the CIIS's Privacy Policy at <https://www.cifinancial.com/ci-is/ca/en/privacy.html>.