



ANNEX A - Additional beneficiaries

APPLICATION: Canada Education Savings Grant (CESG) and Canada Learning Bond (CLB)

Instructions:

1. This annex is to be completed by the custodial parent/legal guardian of the beneficiaries.
2. If there are cousins in the Registered Education Savings Plan (RESP), a separate copy of the annex must be completed by each custodial parent/legal guardian for their children. However, note that all beneficiaries named to the RESP must be siblings in order to receive the additional amount of CESG (Additional CESG) and the CLB.
3. Keep a copy for your records.

| | |
|----------------------|----------------------|
| RESP provider | RESP contract No. |
| <input type="text"/> | <input type="text"/> |

| | |
|--------------------------------------|--------------------------------------|
| Subscriber's family name (last name) | Subscriber's given name (first name) |
| <input type="text"/> | <input type="text"/> |

| | |
|---|---|
| Custodial parent/legal guardian's family name (last name) | Custodial parent/legal guardian's given name (first name) |
| <input type="text"/> | <input type="text"/> |

A-1 Information about the beneficiaries

The **beneficiaries** are the children named by the subscriber who will receive education savings incentives to help pay for their post-secondary education if they qualify under the terms of the RESP.

IMPORTANT: Ensure that each **beneficiary's** name is entered exactly as it appears on their Social Insurance Number documentation.

| | | | |
|---------------------------------------|--|---------------------------------------|--|
| Beneficiary's family name (last name) | | Beneficiary's given name (first name) | |
| <input type="text"/> | | <input type="text"/> | |
| Date of birth (yyyy/mm/dd) | Gender | Social Insurance Number (999 999 999) | |
| <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="text"/> | |

| | | | |
|---------------------------------------|--|---------------------------------------|--|
| Beneficiary's family name (last name) | | Beneficiary's given name (first name) | |
| <input type="text"/> | | <input type="text"/> | |
| Date of birth (yyyy/mm/dd) | Gender | Social Insurance Number (999 999 999) | |
| <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="text"/> | |

| | | | |
|---------------------------------------|--|---------------------------------------|--|
| Beneficiary's family name (last name) | | Beneficiary's given name (first name) | |
| <input type="text"/> | | <input type="text"/> | |
| Date of birth (yyyy/mm/dd) | Gender | Social Insurance Number (999 999 999) | |
| <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="text"/> | |

| | | | |
|---------------------------------------|--|---------------------------------------|--|
| Beneficiary's family name (last name) | | Beneficiary's given name (first name) | |
| <input type="text"/> | | <input type="text"/> | |
| Date of birth (yyyy/mm/dd) | Gender | Social Insurance Number (999 999 999) | |
| <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="text"/> | |

| | | | |
|---------------------------------------|--|---------------------------------------|--|
| Beneficiary's family name (last name) | | Beneficiary's given name (first name) | |
| <input type="text"/> | | <input type="text"/> | |
| Date of birth (yyyy/mm/dd) | Gender | Social Insurance Number (999 999 999) | |
| <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="text"/> | |

For more than five beneficiaries, attach additional copies of this annex.

Ce formulaire est disponible en français