

Québec Education Savings Incentive

Transfer Between Registered Education Savings Plans (RESP)

Before property is transferred from one RESP (referred to as the “transferor plan”) to another RESP (referred to as the “transferee plan”), this form must be completed by

- the **subscriber**, the **promoter** and the **trustee** of the **transferor plan**; and
- the **promoter** and the **trustee** of the **transferee plan**.

This exchange of information by the parties is necessary for the administration of the Québec education savings incentive (QESI).

We suggest that two copies of the form be completed so that the promoter of the transferor plan and the promoter of the transferee plan may each keep an original signed copy.

1 Identification of the subscriber and information concerning the transfer

This part must be completed by the subscriber.

1.1 Subscribers

Last name and first name of subscriber	Social insurance number <small>_____</small>
Address	Postal code <small>_____</small>
Area code Telephone <small>_____</small>	Relationship to the beneficiary or beneficiaries of the transferee plan*

* If the transferee plan has two or more beneficiaries, provide the same information concerning the other beneficiaries on an attached sheet.

Last name and first name of joint subscriber (if applicable)	Social insurance number <small>_____</small>
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1.2 Beneficiaries of the transferor plan

Last name and first name	Date of birth <small>_____</small>	Social insurance number <small>_____</small>
Area code Telephone <small>_____</small>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

If the transferor plan has two or more beneficiaries, provide the same information concerning the other beneficiaries on an attached sheet.

1.3 Beneficiaries of the transferee plan

Check the appropriate box.

- A beneficiary of the transferee plan is, immediately before the transfer, a beneficiary of the transferor plan.
- If the plan is a family plan, a beneficiary of this plan is, immediately before the transfer, the brother or sister of a beneficiary of the transferor plan.
- If the transferee plan is an individual plan, the beneficiary of this plan was at least 21 years old at the time the contract that constitutes the plan was entered into and is, immediately before the transfer, the brother or sister of a beneficiary of the transferor plan.
- None of the above apply.

1.4 Subscriber's instructions and authorization

I hereby request that the promoter of the transferor plan transfer property from the plan, whose contract number is _____, to the transferee plan, whose contract number is _____.

Does the value of the transferred property correspond to the balance of the account? Yes No

If **no**, enter the value of the transferred property \$ _____

Form of the transfer: Money Property in kind

The exchange of information by way of this form is necessary for the administration of the QESI under the *Taxation Act* (R.S.Q., c. I-3).

This information will be given to the transferor plan's promoter and trustee and to the transferee plan's promoter and trustee. It may also be sent to us for the administration of the QESI under the *Taxation Act*.

This information is protected pursuant to the applicable legislation concerning the protection of personal information in the private sector. It is also protected under the *Tax Administration Act* (R.S.Q., c. A-6.002) where it is sent to us.

Signature of subscriber

Date

Signature of joint subscriber (if applicable)

Date

2 Information concerning the transferee plan

2.1 Information to be provided by the promoter of the transferee plan

Identification of the promoter and description of the plan

Name of promoter	
Address	Postal code
Specimen plan number assigned by the CRA	Contract number assigned by promoter

Type of plan: Family, having only brothers and sisters as beneficiaries Family Individual Group

Beneficiaries

Last name and first name	Date of birth	Social insurance number
Area code Telephone	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

If the transferee plan has two or more beneficiaries, provide the same information concerning the other beneficiaries on an attached sheet.

Characteristics of the transfer

Does the plan meet the conditions for registration applicable under the *Taxation Act* to a plan whose contract was entered into after December 31, 1998? Yes No

Is the plan registered in accordance with the *Taxation Act*? Yes No

Have you entered into a QESI agreement with the Minister of Revenue? Yes No

If the plan has more than one beneficiary at the time of the transfer, are they all brothers and sisters? Yes No

Name of promoter's authorized representative Area code Telephone

Signature Date

2.2 Information to be provided by the trustee of the transferee plan

Name of trustee	Québec enterprise number (NEQ)
Address	Postal code

Have you entered into a QESI agreement with the Minister of Revenue? Yes No

Name of trustee's authorized representative Area code Telephone

Signature Date

3 Information concerning the transferor plan

3.1 Information to be provided by the promoter of the transferor plan

Identification of the promoter and description of the plan

Name of promoter		
Address		Postal code
Specimen plan number assigned by the CRA	Contract number assigned by promoter	Effective date of contract

Type of plan: Family, having only brothers and sisters as beneficiaries Family Individual Group

Has an accumulated income payment been made from this plan? Yes No

Before the transfer, had any amount representing the increase of the QESI been paid into the plan? Yes No

Data concerning the transfer

- Amount from the QESI account \$ _____
- Value of the transferred property \$ _____
- Contributions paid into the plan that qualify for the QESI \$ _____
- Contributions paid into the plan after February 20, 2007, that do not qualify for the QESI \$ _____
- Contributions paid into the plan before February 21, 2007, that do not qualify for the QESI \$ _____

_____	_____	_____
Name of promoter's authorized representative	Area code	Telephone
_____	_____	_____
Signature	Date	

3.2 Information to be provided by the trustee of the transferor plan

Name of trustee	Québec enterprise number (NEQ)
Address	Postal code

Contributions made to the transferor plan in the year of the transfer before the time of the transfer and after February 20, 2007, that were not withdrawn from the plan and were deemed to have been made in the year to the transferee plan \$ _____

_____	_____	_____
Name of trustee's authorized representative	Area code	Telephone
_____	_____	_____
Signature	Date	