



To: RESP Department
77 Bloor Street West, 5th floor
Toronto, ON M4Y 2T1
Fax No. (416) 413-3665

Subscriber and/or Joint Subscriber: _____

RESP Account #: _____

Special Notes: Please ensure you consider all available options, as there may be different tax consequences associated with each option.

- RESP withdrawals are processed in cash only and the cash must be available at the time the request is made
- Complete a separate withdrawal form for each beneficiary
- If you choose an Educational Assistance Payment (EAP), it will be calculated over the entire plan and may result in a disproportionate payment of Grant to one beneficiary of a multiple beneficiary plan
- "HRSDC" means **Human Resources and Social Development Canada**
- "QESI" means Québec Education Savings Incentive
- "RQ" means Revenu Québec

Section A: Withdrawal Type

☐ Partial Payment Withdrawal ☐ Full Payment Withdrawal (Closure of Account)

☐ Educational Assistance Payment (EAP) - complete sections A, B and C

This is a **taxable** withdrawal paid to the beneficiary only. It is composed of income growth and GRANT¹ money **only**. The beneficiary will receive a T4A slip (and a Relevé 1 slip for Québec Residents). These types of withdrawals are limited to (i) a maximum of \$5,000 in the 12-month period ending on the payment date until the beneficiary completes 13 consecutive weeks in a qualifying educational program (RESP's opened after 1998) or (ii) a maximum of \$2,500 in the 13-week period ending on the payment date if the beneficiary is at least 16 and is enrolled in a specified educational program. The beneficiary must be a Canadian resident and enrolled in full-time or part-time studies at a post secondary institution. Proof of enrollment from a post-secondary educational institution must accompany this request. It should confirm the following:

- Beneficiary's current enrollment as a full-time or part-time student
- Program type
- Program start date, duration and year of the program.

Amount \$ _____

☐ Post-Secondary Educational Capital Withdrawal (PSE) - complete sections A, B and C

This is a **non-taxable** withdrawal paid to the beneficiary **or** subscriber. It is composed of contributed capital **only**. There will be no tax slip issued for this type of withdrawal. To be eligible for this type of withdrawal, the named beneficiary must meet the same requirements necessary for an EAP withdrawal. Proof of enrollment from a post-secondary educational institution must accompany this request. It should confirm the following:

- Beneficiary's current enrollment as a full-time or part-time student
- Program type
- Program start date, duration and year of the program.

Amount \$ _____

☐ Non-Educational Capital Withdrawal (NCW) - complete sections A and C

This is a **non-taxable** withdrawal paid to the subscriber of the Plan. It is composed of contributed capital only. There will be no tax slip issued for this type of withdrawal. Please note that all associated Grant² will be returned to Human Resources and Social Development Canada (HRSDC) and Revenu Quebec (RQ) (if applicable) upon completion of this withdrawal.

Amount \$ _____

¹ CESG and QESI (if applicable)

² CESG (HRSDC- Human Resources and Skills Development Canada) and QESI (RQ - Revenu Québec)

Section B: Beneficiary Information

RESP Account # _____

Beneficiary Name _____

Beneficiary Social Insurance Number _____

Post-Secondary Educational Institution ☐ Full Time Program ☐ Part Time Program

(Name of Institution)

Section C: Election of Payments

Direct Deposit:

- ☐ For an EAP - the beneficiary named in Section B must be the registered owner of the specified Bank Account
- ☐ PSE or NCW - the subscriber named in Section A must be the registered owner of the specified Bank Account

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

(Funds transferred to a third party Financial Institution require a copy of a void cheque)

Issuance of Cheque:

- ☐ For an EAP - cheque payable to beneficiary
- ☐ PSE or NCW - cheque payable to subscriber OR beneficiary

Please complete mailing address if different than account:

Address _____

City _____

Province _____

Postal Code _____

I hereby request payment from the above referenced RESP Plan as set out above

Signature of Subscriber _____

Date _____

For office use only: To be completed by Branch TDCT/DB/FP/PIA/IS/Front office personnel

- ☐ Verified proof of enrollment is current and meet all requirements stated in page one
- ☐ Verified sufficient cash is available for withdrawal

Please be advised this request will not be processed if the above two conditions are deficient.

Name _____ Contact Number _____ Signature _____