



# Québec Education Savings Incentive (QESI) Increased Amount Application

☐ TD Direct Investing (DI)

☐ TD Wealth Private Investment Counsel

☐ TD Wealth Financial Planning (FP)

☐ TD Wealth Private Investment Advice (PIA)

Registered Education Savings Plan (RESP) Account Number: \_\_\_\_\_

## Primary Caregiver<sup>1</sup> (PCG) Information:

Please complete this section if you are the individual who is eligible for the *Canada Child Tax Benefit* - sometimes called "family allowance" or "baby bonus" - and whose name appears on the *Canada Child Tax Benefit* annual Notice for each Beneficiary<sup>1</sup> listed below. The PCG information requested on this form must be completed, to apply for the increased QESI, for which the Beneficiary may be entitled.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

Social Insurance Number: 

			-				-			
--	--	--	---	--	--	--	---	--	--	--

Date of Birth: 

				/			/		
yyyy					mm			dd	

## Beneficiary Information:

Please complete the information for each applicable Beneficiary in the Family Plan<sup>1</sup>. If there is more than one Beneficiary in the Family Plan, they must all be siblings<sup>1</sup> (brothers and/or sisters) in order to qualify for the Québec Education Savings Incentive increased amount.

### 1. Beneficiary

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

**Address:** ☐ Same as PCG or if different, please complete

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

Social Insurance Number: 

			-				-			
--	--	--	---	--	--	--	---	--	--	--

Date of Birth: 

				/			/		
yyyy					mm			dd	

### 3. Beneficiary

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

**Address:** ☐ Same as PCG or if different, please complete

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

Social Insurance Number: 

			-				-			
--	--	--	---	--	--	--	---	--	--	--

Date of Birth: 

				/			/		
yyyy					mm			dd	

### 2. Beneficiary

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

**Address:** ☐ Same as PCG or if different, please complete

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

Social Insurance Number: 

			-				-			
--	--	--	---	--	--	--	---	--	--	--

Date of Birth: 

				/			/		
yyyy					mm			dd	

### 4. Beneficiary

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

**Address:** ☐ Same as PCG or if different, please complete

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

Social Insurance Number: 

			-				-			
--	--	--	---	--	--	--	---	--	--	--

Date of Birth: 

				/			/		
yyyy					mm			dd	

<sup>1</sup>Please refer to Glossary found on page 2.

**Certification of Primary Caregiver:**

As the Primary Caregiver of the Beneficiary/Beneficiaries, I,

\_\_\_\_\_  
(Name of Primary Caregiver)

certify that the information I have provided is, to the best of my knowledge, correct and complete. I agree that this information may be used by TD Waterhouse Canada Inc., in order to administer its responsibilities with respect to the Québec Education Savings Incentive increased amount, which may include disclosure of the information to Revenu Québec as necessary. Where I have provided you with information about a Beneficiary, I hereby confirm that I have the consent of such Beneficiary to provide their information.

\_\_\_\_\_  
Signature of Primary Caregiver

\_\_\_\_\_  
Date (mm/dd/yyyy)

**<sup>1</sup>Glossary\***

**Beneficiary** - Individual who will receive money to help pay for his or her post-secondary education (e.g. college, university, or trade school), if he/she qualifies under the terms of the Registered Education Savings Plan (RESP).

**Family Plan** - RESP plan can have one or more beneficiaries where each beneficiary must be connected by blood or adoption to the subscriber (parents or grandparents).

**Siblings** - Brother(s) and/or sister(s) by blood or adoption.

**Primary Caregiver** - Individual who is eligible for the *Canada Child Tax Benefit* - sometimes called "family allowance" or "baby bonus" - and whose name appears on the *Canada Child Tax Benefit* annual Notice.

\* **NOTE:** These explanations are provided for your information only. Legal definitions can be found in the *Income Tax Act (Canada)*.