NBCN Self-directed Education Savings Plan
ESP/RESP Beneficiary Designation / Change / Addition / Withdrawal

ACCOUNT NO.: _____

☐ **DESIGNATION OF ADDITIONAL BENEFICIAR(Y)IES UNDER ESP FAMILY PLAN**: Please fill out the form in its entirety and attach the ESP family beneficiary plan application for the Subscriber(s) listed below if space in the Beneficiary(ies) section is insufficient.

☐ **ADDITION / WITHDRAWAL / CHANGE OF BENEFICIARY(IES), MODIFICATION TO DISTRIBUTION**: Please fill out the form in its entirety.

1. SUBSCRIBER(S)

Provide the following information exactly as set out in the Application attached hereto.

1. SUBSCRIBER'S LAST NAME | SUBSCRIBER'S FIRST NAME | SUBSCRIBER'S SIN

Complete only if spouse or common-law partner is to be a joint Subscriber.

2. SUBSCRIBER'S LAST NAME | SUBSCRIBER'S FIRST NAME | SUBSCRIBER'S SIN

2. BENEFICIARY(IES): Designation and distribution of contributions

Note: For Family Plan - Each beneficiary must be connected by blood relationship or adoption to the Subscriber and must be under the age of 21 unless the individual was a beneficiary under another Family RESP immediately before this designation.

1. BENEFICIARY'S LAST NAME | BENEFICIARY'S FIRST NAME | BENEFICIARY'S SIN

BENEFICIARY'S RESIDENTIAL ADDRESS*

BENEFICIARY'S DATE OF BIRTH (Day / Month / Year) | BENEFICIARY'S SEX (Female / Male)

BENEFICIARY'S RELATIONSHIP TO THE SUBSCRIBER

PARENT/GUARDIAN'S LAST NAME | PARENT/GUARDIAN'S FIRST NAME

PARENT/GUARDIAN'S RESIDENTIAL ADDRESS*

☐ ADDITION
☐ WITHDRAWAL
☐ MODIFICATION TO DISTRIBUTION

Distribution of contributions made to the plan (if beneficiaries not receiving equal shares) _____%

If it's an addition, do you wish that the plan's trustee asks for grants on your behalf for this beneficiary* ? ☐ Yes ☐ No

2. BENEFICIARY'S LAST NAME | BENEFICIARY'S FIRST NAME | BENEFICIARY'S SIN

BENEFICIARY'S RESIDENTIAL ADDRESS*

BENEFICIARY'S DATE OF BIRTH (Day / Month / Year) | BENEFICIARY'S SEX (Female / Male)

BENEFICIARY'S RELATIONSHIP TO THE SUBSCRIBER

PARENT/GUARDIAN'S LAST NAME | PARENT/GUARDIAN'S FIRST NAME

PARENT/GUARDIAN'S RESIDENTIAL ADDRESS*

☐ ADDITION
☐ WITHDRAWAL
☐ MODIFICATION TO DISTRIBUTION

Distribution of contributions made to the plan (if beneficiaries not receiving equal shares) _____%

If it's an addition, do you wish that the plan's trustee asks for grants on your behalf for this beneficiary* ? ☐ Yes ☐ No

3. BENEFICIARY'S LAST NAME | BENEFICIARY'S FIRST NAME | BENEFICIARY'S SIN

BENEFICIARY'S RESIDENTIAL ADDRESS*

BENEFICIARY'S DATE OF BIRTH (Day / Month / Year) | BENEFICIARY'S SEX (Female / Male)

BENEFICIARY'S RELATIONSHIP TO THE SUBSCRIBER

PARENT/GUARDIAN'S LAST NAME | PARENT/GUARDIAN'S FIRST NAME

PARENT/GUARDIAN'S RESIDENTIAL ADDRESS*

☐ ADDITION
☐ WITHDRAWAL
☐ MODIFICATION TO DISTRIBUTION

Distribution of contributions made to the plan (if beneficiaries not receiving equal shares) _____%

If it's an addition, do you wish that the plan's trustee asks for grants on your behalf for this beneficiary* ? ☐ Yes ☐ No

* Note: If the beneficiary is under 19 years of age, give name and address of parent or guardian with whom the beneficiary usually resides

3. IMPORTANT NOTICE

I understand that the plan must be terminated on the last day of the 35th year following the original date on which it was set up and that the beneficiaries added in subsequent years will not alter the plan's expiry date. However, if I transfer one or more RESP accounts into a new plan, the plan shall be deemed to have been set up on the date that the oldest RESP account being transferred was set up.

Name of subscriber	Date	X Signature
Name of joint subscriber (if applicable)	Date	X Signature