

## Registered Education Savings Plan Payment Request (EAP, PSE and Contributions Withdrawal)

**First and last name of subscriber:** \_\_\_\_\_ **Account No.:** \_\_\_\_\_

<b>Instructions</b>	<ul style="list-style-type: none"> <li>• One form per beneficiary must be completed.</li> <li>• An Educational Assistance Payment (EAP) and a Post-Secondary Education Contribution Withdrawal (PSE) may be requested on a single form. In both cases, acceptable proof of enrolment, for the requested semester, in an eligible program must be attached to the form.</li> <li>• To submit this request, the Payment Methods section of this form must be completed.</li> </ul>
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<b>Acceptable Proof of Enrolment</b>	
Admission confirmations are not accepted. The promoter can only accept proof of enrolment for the requested semester. This proof must include the following information:	<ul style="list-style-type: none"> <li>• Name of the beneficiary and of the educational institution;</li> <li>• Name or number of program of study;</li> <li>• Semester (fall, winter, summer); and</li> <li>• Student's status (full- or part-time).</li> </ul>

**1.  Educational Assistance Payment ((EAPs consist of income and grants) WITH PROOF OF ENROLMENT**

An EAP is a payment to help an eligible beneficiary cover expenses associated with post-secondary education. Payment proceeds are considered as income to the beneficiary at the time of withdrawal and a T4A slip is issued at the end of the year.

**First and last name of beneficiary:** \_\_\_\_\_ **SIN of beneficiary:** \_\_\_\_\_

- 1.1. Is the beneficiary a Canadian resident?  **Yes**  **No** (If no, please note that no grant will be included in the EAP)
- 1.2. **Amount requested \$** \_\_\_\_\_ or  Pay the EAP amount available
- 1.3. Should the total sum of educational incentive amounts and income not be sufficient to effect the EAP requested, would you like to make a Post-Secondary Education Contributions Withdrawal to cover the difference?  
 **Yes (Please complete section 2)**  **No**
- 1.4. EAP proceeds are payable to the  **Beneficiary**  **Subscriber** (Please note that a slip will be issued to the beneficiary).  
(Please complete section 4)
- 1.5. Information on the program of study (Required by government for an EAP or a PSE).

Current session starting date YYYY MM DD _____ YYYY MM DD	Program length (in years) _____	Program starting date YYYY MM DD _____ YYYY MM DD	Educational institution's postal code _____
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**2.  Post-Secondary Education Contributions Withdrawal (PSE) (Withdrawal of principal with no reimbursement of grant) WITH PROOF OF ENROLMENT**

A PSE is an amount paid from contributions without requiring the reimbursement of a grant amount as the beneficiary is enrolled in a qualifying program.

If the payment is not made to complete an EAP, please specify the **amount requested \$** \_\_\_\_\_ or  **Total contributions.**

PSE payment proceeds are payable to the  **Beneficiary** (The subscriber(s) must provide a letter of authorization)  **Subscriber**  
(Please complete section 4)

**3.  Contributions Withdrawal (Withdrawal with reimbursement of grant) PROOF OF ENROLMENT NOT REQUIRED**

Payment composed of contributions only. If the contributions were enhanced by a grant, a grant reimbursement must be made to the government. **The net amount withdrawn corresponds to the amount that you will receive after the government grant is reimbursed.**

**Withdrawal net amount \$** \_\_\_\_\_ or  **Total contributions.**

**4. Payment Methods (Mandatory section)**

The amount requested is available in cash; or  A sale has been made and the settlement date is: \_\_\_\_\_  
YYYY MM DD

**4.1. To the beneficiary**

EFT deposit to the bank account (void cheque attached) from the beneficiary's cash or margin account No.: \_\_\_\_\_

Deposit to the cash or margin account No.: \_\_\_\_\_  in cash  in kind (please provide a list of securities)

Send cheque to this address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4.2. To the subscriber**

EFT deposit to the bank account (void cheque attached) from the subscriber's cash or margin account No.: \_\_\_\_\_

Deposit to the cash or margin account No.: \_\_\_\_\_  in cash  in kind (please provide a list of securities)

Send cheque to this address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Must the account be closed?  Yes  No (Please note that an RESP account cannot be reactivated.)

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Name, Dealer Name and e- mail address in block letters) YYYY MM DD

Email to: [esp.adc@nbcn.ca](mailto:esp.adc@nbcn.ca) or fax to Accounts Administration Department (514) 875-3271

FOR NBCN USE ONLY													
<b>Transaction details</b>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>EAP</b></td> <td style="width: 10%;">\$ _____</td> <td style="width: 75%;"> <input type="checkbox"/> Cheque  <input type="checkbox"/> MTL <input type="checkbox"/> TOR  <input type="checkbox"/> EFT <input type="checkbox"/> Trading acct. <input type="checkbox"/> Branch Control Acct. <input type="checkbox"/> Other                 </td> </tr> <tr> <td><b>PSE</b></td> <td>\$ _____</td> <td> <input type="checkbox"/> Cheque  <input type="checkbox"/> MTL <input type="checkbox"/> TOR  <input type="checkbox"/> EFT <input type="checkbox"/> Trading acct. <input type="checkbox"/> Branch Control Acct. <input type="checkbox"/> Other                 </td> </tr> <tr> <td><b>WHTCPS</b></td> <td>\$ _____</td> <td> <input type="checkbox"/> Cheque  <input type="checkbox"/> MTL <input type="checkbox"/> TOR                 </td> </tr> <tr> <td><b>RFCESG</b></td> <td>\$ _____</td> <td> <input type="checkbox"/> EFT <input type="checkbox"/> Trading acct. <input type="checkbox"/> Branch Control Acct. <input type="checkbox"/> Other                 </td> </tr> </table>	<b>EAP</b>	\$ _____	<input type="checkbox"/> Cheque <input type="checkbox"/> MTL <input type="checkbox"/> TOR <input type="checkbox"/> EFT <input type="checkbox"/> Trading acct. <input type="checkbox"/> Branch Control Acct. <input type="checkbox"/> Other	<b>PSE</b>	\$ _____	<input type="checkbox"/> Cheque <input type="checkbox"/> MTL <input type="checkbox"/> TOR <input type="checkbox"/> EFT <input type="checkbox"/> Trading acct. <input type="checkbox"/> Branch Control Acct. <input type="checkbox"/> Other	<b>WHTCPS</b>	\$ _____	<input type="checkbox"/> Cheque <input type="checkbox"/> MTL <input type="checkbox"/> TOR	<b>RFCESG</b>	\$ _____	<input type="checkbox"/> EFT <input type="checkbox"/> Trading acct. <input type="checkbox"/> Branch Control Acct. <input type="checkbox"/> Other	<p><b>(Stamp &amp; Initials)</b></p>
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