

Co-subscriber Signature

RESP Withdrawal: Capital Withdrawal / Education Assistance Payment (EAP)

uoi	Date (YY/MM/DD)	Phone Number (area code, no.)		Account Number		
Identification	Subscriber's Last Name Complete if applicable:		Subscriber's First Name			
<u> </u>	Co-subscriber's Last Name Please check appropriate box.		Co-subscriber's First Name			
	Capital Withdrawal (Subscribe S		nd E sh or in-kind (sufficient cas balance will be returned if			
al details	□ Capital Withdrawal (Beneficial	Issued	Complete Sections B or C, and E Issued to beneficiary – cash only (sufficient cash required) (Proof of Enrollment is required)			
Withdrawal details	□ Education Assistance Payment \$ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
В	Provide information about benef l	iciary:	First Name			
	Home Address				Suite No.	
<u> </u>	City or Town				Postal Code	
rmati	Country of					
it Into	Residence Name of Educational				Program Length (in years)	
Paymer	Institution Course Name			Course Load (Full-time or Part-time)		
Education Assistance Payment Information	Student		Current Yes		rt Date	
	PROOF OF ENROLLMENT: Official documentation should use the educational institution's letterhead or be readily identifiable as a document reproduced from the institution's secure student web si The document may take the form of an enrollment letter, course confirmation, receipted invoice, or a combination of these documents. The proof must include the following information: • Name of the beneficiary and student ID number • Name of qualified educational program • Session (Fall, Winter, Summer) • The student status (Full-time or Part-time) If a tuition statement is provided, proof of payment must be shown on the statement. If there is no proof of payment, the tuition amount will be paid directly to the school. Letters of acceptance or offers of admission is not acceptable for proof of enrollment.					
Deposit details C	Please check the appropriate b		on-registered account r scriber's/Beneficiary's	number	Account	
nepos	NOTE: Cheques cannot be issue	d directly from a RESP accour	nt. Any such requests w			
D	For in-kind payments please complete the table below:					
1	Quantity	Description	Security Code	Price / Share	Total Value	
Securities						
	NOTE: Please consult with one of our agents if you do not know the Security Code.					
eation •	I authorize BMO InvestorLine II Any withdrawals made from civill result in the return of a poi The full EAP balance requeste If there is not enough income	apital where there is still CESC rtion of the remainder of the good will be taxable in the hands	and/or QESI remaining overnment incentives. of the beneficiary.	g in the plan and Proof of	Enrollment is not provided	
Authorization	Subscriber Signature			_	Date (YY/MM/DD)	

Date (YY/MM/DD)