



**CAPITAL WITHDRAWAL FOR REGISTERED EDUCATION SAVINGS PLAN (RESP) FORM
(FOR NON-EDUCATIONAL WITHDRAWAL PURPOSES)**

Form 345.8 03/20

700 – 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6
604.605.4199 Toll Free 1.877.787.2330

1. SUBSCRIBER INFORMATION

Primary Subscriber Name

Social Insurance Number

Joint Subscriber Name

Social Insurance Number

Account Number

2. RETURN OF GRANT

A capital withdrawal is a non-taxable withdrawal paid to the Subscribers of the Plan. Applicable government grant money will be withdrawn from the account referred to above and returned to the applicable government agency upon completion of this capital withdrawal.

3. AMOUNT

Amount Requested: \$

4. SETTLEMENT

Deposit to Subscriber's bank account (attach a void cheque):

Financial Institution Number

Transit Number

Account Number

Send a cheque to Subscriber's address:

Address

City

Province

Postal Code

5. SUBSCRIBER AUTHORIZATION

x
Subscriber Signature

Date (dd/mm/yyyy)

x
Joint Subscriber Signature

Date (dd/mm/yyyy)

6. INTERNAL USE ONLY

Requested By:

Date (dd/mm/yyyy)

Completed By:

Date (dd/mm/yyyy)

CESG Reimbursed: \$

ORDER EXECUTION ACCOUNT

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