

DESIGNATION OF ADDITIONAL BENEFICIARIES UNDER EDUCATION SAVINGS PLAN (FAMILY PLAN)

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

1. ACCOUNT DETAILS

Primary Subscriber Name (First, Initial, Last)	Social Insurance Number	Account Number
Joint Subscriber Name (First, Initial, Last)	Social Insurance Number	

2. DESIGNATION OF ADDITIONAL BENEFICIARIES

A beneficiary is the person entitled to receive educational assistance payments under the Account. Qtrade Investor must verify the identity of each beneficiary by obtaining photocopies of their SIN card (or confirmation of SIN letter) and either a birth certificate or other government-issued ID.

<input type="radio"/> Male	Relationship to Primary Subscriber:	<input type="radio"/> Son / Daughter	<input type="radio"/> Grandchild		
<input type="radio"/> Female		<input type="radio"/> Brother / Sister		Name of Beneficiary (First, Initial, Last)	Percentage
Home Address (if different from above) <input type="checkbox"/> Same as Primary Subscriber		City	Province	Postal Code	Social Insurance Number
If Beneficiary is under 19, provide Custodial Parents or Public Primary Caregiver's Name & Address (if different from Subscriber)		City	Province	Postal Code	Date of Birth (dd/mm/yyyy)
<input type="radio"/> Male	Relationship to Primary Subscriber:	<input type="radio"/> Son / Daughter	<input type="radio"/> Grandchild		
<input type="radio"/> Female		<input type="radio"/> Brother / Sister		Name of Beneficiary (First, Initial, Last)	Percentage
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3. SUBSCRIBER AUTHORIZATION (READ CAREFULLY BEFORE SIGNING)

Please ensure the original *Education Savings Plan (ESP) Application Form* for the Subscriber has been submitted.

By signing and dating below, I acknowledge, agree and consent to all of the foregoing and confirm that the information I have provided is correct.

x	x	
Primary Subscriber Signature	Date (dd/mm/yyyy)	Joint Subscriber Signature
		Date (dd/mm/yyyy)

ORDER EXECUTION ACCOUNT