

1. SUBSCRIBER INFORMATION

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

The beneficiary is: Canadian resident Non-resident (The non-resident beneficiary can receive an EAP provided that grant monies are excluded from the payment)

2. QUALIFIED INSTITUTION

University (01) CEGEP or Community College (02) Career College (03) Other (04) _____

Name of Institution	Address	
City	Province	Postal Code (Mandatory)
Program	Academic Year (1st, 2nd ...)	Program Length
Program Start Date (dd/mm/yyyy)	EAP Amount Requested (Income And Grant Only)	
	\$ _____	

What is the intended purpose of this payment? Tuition Fees Room & Board Transportation Computer & School Supplies

Mandatory Inclusions: *Proof of Enrollment Form* or copy of course schedule with letter from Post Secondary Institution (including name and address) stating student is enrolled in a FULL or PART TIME program.

3. SETTLEMENT FOR EDUCATIONAL ASSISTANCE PAYMENT (EAP)

Deposit to Subscriber's bank account: or Deposit to Beneficiary's bank account: (Attach a void cheque and complete an *EFT Set-up Form*):

Bank Number	Account Number	Transit Number
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Send a cheque to Subscriber's address: or Send a cheque to Beneficiary's address:

Address	City	Province	Postal Code
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Note: A T4A will be issued in the name of the Beneficiary for any Educational Assistance Payment (EAP)

4. POST SECONDARY EDUCATION (PSE)

The Subscriber can withdraw the capital from the plan without having the government grant money returned to the applicable government agency if the named beneficiary is eligible to receive an EAP.

\$ _____

PSE Amount Requested (Capital Only)

5. SETTLEMENT FOR POST SECONDARY EDUCATION (PSE)

Deposit to Subscriber's bank account: or Deposit to Beneficiary's bank account: (Attach a void cheque and complete an *EFT Set-up Form*):

Bank Number	Account Number	Transit Number
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Send a cheque to Subscriber's address: or Send a cheque to Beneficiary's address:

Address	City	Province	Postal Code
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6. SUBSCRIBER AUTHORIZATION

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

7. INTERNAL USE ONLY

_____ Requested By	Date (dd/mm/yyyy)
_____ Completed By	Date (dd/mm/yyyy)