

Use this form for withdrawals of contributions, overcontributions, Education Assistance Payments (EAP) & Accumulated Income Payments (AIP). These instructions can be used for either an individual or family RESP.

Subscriber Information

Investor Number _____ Account Number _____

Subscriber Name _____ Joint Subscriber Name (if applicable) _____ Beneficiary Name _____ Beneficiary SIN _____

Post Secondary Institution Type (Mandatory for EAP Payment)

University
 Community College or CEGEP
 Private trade, vocational, or career college
 Other _____

Education Institution Country Code _____ Education Institution Postal Code _____ Program Length (in Years) _____
 Academic Year Length (in weeks) _____ Current Year (e.g. 1st, 2nd, etc.) _____ Academic Start Date (mm/dd/yyyy) _____

Transaction InformationWithdrawal¹ for: Subscriber Beneficiary Gross Amount²: \$ _____**Transaction Type:**

Withdrawal of Contribution³ Is a beneficiary EAP Eligible? Yes No Subscriber's Initial _____
 Education Assistance Payment⁴ EAP payable on behalf of an eligible beneficiary? Yes (**attach Proof of Enrollment**)
 Accumulated Income Payment⁵
 Withdrawal of Overcontribution (If applicable, attach *Subscriber Statement for an RESP Overcontribution for \$4000 or less*)

Notes:

1. Withdrawal cannot be in joint names. Indicate name of Beneficiary or Subscriber for whom the withdrawal will be made. A separate form is required for each withdrawal.
2. Withdrawal proceeds will be net of withholding tax, if applicable.
3. The appropriate amount of income and CESG will be withdrawn for each EAP requested based on CRA formula.
4. Education Assistance payments will be payable only to the beneficiary.
5. AIP – For Transfers to RRSP: Proof of RRSP Contribution Room must be verified, photocopied and attached in order for withdrawal to be processed. CRA Form #T1171 must be completed at time of withdrawal. Contribution room can also be verified by calling CRA (including TIPS line). Please note date and time of call.
Payments in cash: will be net of 20% tax and Resident/Non-Resident Withholding Tax.

Source of Funds

Fund Name	Fund Code	Dollar Amount (\$)	Percentage Amount (%)
	NWT	\$	%
	NWT	\$	%
	NWT	\$	%
	NWT	\$	%

Payment Information

Payee Name _____ Address _____ City _____ Province _____ Postal Code _____

Authorization

The withdrawal request is in accordance with the applicable terms and conditions of the Income Tax Act and the agreement between myself and the Vendor. Joint Subscriber (if applicable) must sign for all withdrawals.

I understand that there are consequences for withdrawing contributions when the beneficiary is not eligible to receive an EAP.

X _____ **X** _____
 Subscriber Signature Joint Subscriber Signature (if applicable) Date (mm/dd/yyyy)

 Representative Name Representative Signature Dealer/Rep Code
 (By signing here, you confirm that you have verified the Subscriber's signature)