



EDUCATIONAL ASSISTANCE PAYMENT (EAP) AND POST SECONDARY EDUCATION (PSE) REQUEST FORM - RESP

Form 353.9 07/23

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 (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
Send a cheque to Subscriber's address: or Send a cheque to Beneficiary's address:
Address City Province Postal Code
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
Send a cheque to Subscriber's address: or Send a cheque to Beneficiary's address:
Address City Province Postal Code

6. SUBSCRIBER AUTHORIZATION

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

7. INTERNAL USE ONLY

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