

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				
		1 Lineares Number	A cocupt Number	
Primary Subscriber Name (First, Initial, Last)	30	ocial Insurance Number	ACCO	unt Number
Joint Subscriber Name (First, Initial, Last)	So	Social Insurance Number		
2. DESIGNATION OF ADDITIONAL BENEFICIARIES				
2. DESIGNATION OF ADDITIONAL BENEFINANTES				
A beneficiary is the person entitled to receive educational assistance payments under the Account. Qtrade Di card (or confirmation of SIN letter) and either a birth certificate or other government-issued ID.	irect Investing must verify	y the identity of each benef	ficiary by obtain	ing photocopies of their SIN
ond (or committee or care cases, and cases a case cases and cases are cases and cases are cases and cases				
O Male Relationship to O Child O Grandchild O Female Primary Subscriber: O Sibling				
Name of Beneficiary (First, Initial	I, Last)			Percentage
Home Address (if different from above) Same as Primary Subscriber	City	Province	Postal Code	Social Insurance Number
Titille Address (it dilitation notification above)	l		l ostal oode	Journal Harding Hames.
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)
(II ullicial thom outserfed)				
Male Relationship to Child Grandchild Primary Subscriber: Sibling				
Name of Beneficiary (First, Initial	I, Last)			Percentage
Home Address (if different from above) Same as Primary Subscriber	City	Province	Postal Code	Social Insurance Number
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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)
O Male Relationship to O Child O Grandchild O Female Primary Subscriber: O Sibling				
Name of Beneficiary (First, Initial	I, Last)			Percentage
Home Address (if different from above) 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)
○ Male Relationship to ○ Child ○ Grandchild				
Female Primary Subscriber: O Sibling Name of Beneficiary (First, Initial	l Lact)			Percentage
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Home Address (if different from above) Same as Primary Subscriber	City	Province	Postal Code	Social Insurance Number
Committee Name & Address	3"	Previone	- ::0=do	- (5) (1) (1) (1) (1) (1) (1) (1)
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)
O Male Relationship to O Child O Grandchild				
O Male Relationship to O Child O Grandchild Primary Subscriber: O Sibling Name of Beneficiary (First, Initial	ıl. Last)			Percentage
Home Address (if different from above) 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	City	Province	Postal Code	Date of Birth (dd/mm/yyyy)
(if different from Subscriber)	City	Province	POSIAI COUC	Date of biltir (durining yyy),
3. SUBSCRIBER AUTHORIZATION (READ CAREFULLY BEFORE SIGNING)				
Please ensure the original Education Savings Plan (ESP) Application Form for the Subscriber has been submit	tted.			
By signing and dating below, I acknowledge, agree and consent to all of the foregoing and confirm that the info	ormation I have provided is	is correct.		
x Primary Subscriber Signature Date (dd/mm//yyyy) Joint	Subscriber Signature			Date (dd/mm/yyyy)