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

Form 353.9 07/23

Otrade Direct Investing is a division of Aviso Financial Inc., member of the Canadian Investor Protection Fund.

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

1. SUBSCRIBER INFORMATION		<u> </u>		
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	
	on-resident beneficiary can receive an EAP pr	ovided that grant monies	are excluded from the	payment)
2. QUALIFIED INSTITUTION				
O University (01) O CEGEP or Community College (02) O Car	reer College (03) Other (04)			
Name of Institution	Address			
Oit.	Province		Postal Codo (Manda	4\
City	Province		Postal Code (Manda	tory)
Program	Academic Year (1st, 2nd)		Program Length	
Program Start Date (dd/mm/yyyy)	\$ EAP Amount Requested (Income And Gran	ot Only)		
	Room & Board Transportation	Computer & School	d Cunnline	
Mandatory Inclusions: Proof of Enrollment Form or copy of course sche	· '	- '		is enrolled in a FULL or
PART TIME program.	<i>,</i>			
3. SETTLEMENT FOR EDUCATIONAL ASSISTANCE PAYMENT (EA	P)			
O Deposit to Subscriber's bank account: or O Deposit to Benefici	iary's bank account: (Attach a void cheque	and complete an <i>EFT</i> Se	et-up Form):	
Bank Number	Account Number		Transit Number	
O Send a cheque to Subscriber's address: or O Send a cheque to I	Beneficiary's address:			
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Address Note: A T4A will be issued in the name of the Beneficiary for any Educationa	al Assistance Payment (EAP)	City	Province	Postal Code
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