



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

Primary Subscriber Name (First, Initial, Last)

Social Insurance Number

Account Number

Joint Subscriber Name (First, Initial, Last)

Social Insurance Number

2. DESIGNATION OF ADDITIONAL BENEFICIARIES

A beneficiary is the person entitled to receive educational assistance payments under the Account. Qtrade Direct Investing must verify the identity of each beneficiary by obtaining photocopies of their SIN card (or confirmation of SIN letter) and either a birth certificate or other government-issued ID.

Form for beneficiary 1: Male/Female, Relationship to Primary Subscriber, Child/Sibling, Grandchild, Name of Beneficiary (First, Initial, Last), Percentage, Home Address, 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)

Form for beneficiary 2: Male/Female, Relationship to Primary Subscriber, Child/Sibling, Grandchild, Name of Beneficiary (First, Initial, Last), Percentage, Home Address, 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)

Form for beneficiary 3: Male/Female, Relationship to Primary Subscriber, Child/Sibling, Grandchild, Name of Beneficiary (First, Initial, Last), Percentage, Home Address, 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)

Form for beneficiary 4: Male/Female, Relationship to Primary Subscriber, Child/Sibling, Grandchild, Name of Beneficiary (First, Initial, Last), Percentage, Home Address, 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)

Form for beneficiary 5: Male/Female, Relationship to Primary Subscriber, Child/Sibling, Grandchild, Name of Beneficiary (First, Initial, Last), Percentage, Home Address, 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)

3. SUBSCRIBER AUTHORIZATION (READ CAREFULLY BEFORE SIGNING)

Please ensure the original Education Savings Plan (ESP) Application Form for the Subscriber has been submitted.

By signing and dating below, I acknowledge, agree and consent to all of the foregoing and confirm that the information I have provided is correct.

Signature lines for Primary Subscriber and Joint Subscriber, each with a date field (dd/mm/yyyy).