Clear Form

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

Form 353.10 01/26

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) | **Account Number** | Social Insurance Number

Joint Subscriber Name (First, Initial, Last) | Social Insurance Number

Beneficiary Name

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

x Primary Subscriber Signature | Date (dd/mm/yyyy)

x Joint Subscriber Signature | Date (dd/mm/yyyy)

7. INTERNAL USE ONLY

Requested By | Date (dd/mm/yyyy)

Completed By | Date (dd/mm/yyyy)

ORDER EXECUTION ACCOUNT

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