



**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: <input type="radio"/> Canadian resident <input type="radio"/> Non-resident (The non-resident beneficiary can receive an EAP provided that grant monies are excluded from the payment)		

2. QUALIFIED INSTITUTION

<input type="radio"/> University (01) <input type="radio"/> CEGEP or Community College (02) <input type="radio"/> Career College (03) <input type="radio"/> 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? <input type="radio"/> Tuition Fees <input type="radio"/> Room & Board <input type="radio"/> Transportation <input type="radio"/> Computer & School Supplies		
Mandatory Inclusions: <i>Proof of Enrollment Form</i> 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)

<input type="radio"/> Deposit to Subscriber's bank account: or <input type="radio"/> Deposit to Beneficiary's bank account: (Attach a void cheque and complete an <i>EFT Set-up Form</i>)			
Bank Number	Account Number	Transit Number	
<input type="radio"/> Send a cheque to Subscriber's address: or <input type="radio"/> 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)

<input type="radio"/> Deposit to Subscriber's bank account: or <input type="radio"/> Deposit to Beneficiary's bank account: (Attach a void cheque and complete an <i>EFT Set-up Form</i>)			
Bank Number	Account Number	Transit Number	
<input type="radio"/> Send a cheque to Subscriber's address: or <input type="radio"/> Send a cheque to Beneficiary's address:			
Address	City	Province	Postal Code

6. SUBSCRIBER AUTHORIZATION

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

7. INTERNAL USE ONLY

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