

FORM COMPLETION GUIDE

In order to process an RESP withdrawal, we must receive the form on page 2 fully completed and signed. This guide will aid you in completing it. If however you have any questions or concerns while you are completing it, please don't hesitate to contact one of our Client Relations Specialists at **1-844-442-4636** or email **savings@ia.ca**.

Send your completed form to your nearest office:

Quebec

1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3
Fax: 418-684-5161
IAQtransactions@ia.ca

Toronto

522 University Ave, Suite 400
Toronto, ON M5G 1Y7
Fax: 1-800-810-0197
IATtransactions@ia.ca

Vancouver

2165 Broadway West
PO Box 5900
Vancouver, BC V6B 5H6
Fax: 604-689-9682
IAV-transactions@ia.ca

Request to Withdraw Funds from a Registered Education Savings Plan for Educational Purposes

The request may be submitted as soon as the beneficiary is enrolled in the current or upcoming semester. The request must be submitted at the latest **within 6 months** following the end of the semester.

Description of terms

Subscriber → Owner(s) of the contract

Beneficiary → Student who is named in the RESP taking the educational withdrawal

School Information

The federal government requires us to collect this information in order to pay out the grants that they have deposited in your contract. Please complete **all** fields.

Withdrawal Instructions

An RESP withdrawal is taken from one or both of the following categories:

Withdrawal of	Withdrawal limits	Tax implications
Grants and income (Educational Assistance Payment (EAP))	Students (Full-time): \$5,000 during first 13 weeks of enrolment Students (Part-time): \$2,500 during first 13 weeks of enrolment	Regardless of who receives the withdrawal, a T4A (and Relevé 1 for Quebec residents) will be issued to the RESP beneficiary for the EAP amount included in the withdrawal.
Contributions (Post-Secondary Education (PSE) withdrawal)	No withdrawal limit	No tax implication for a PSE withdrawal since RESP contributions are not tax-deductable.

Withdrawal amount

Please indicate the total amount you wish to receive in the box on the left of the form. We will make the withdrawal from grants and income (EAP) first, and any remainder will be taken from contributions (PSE). If you wish to specify the proportions of EAP and PSE in the withdrawal, complete the section marked as optional on the right.

Source of withdrawal

This section applies to My Education and My Education+ contracts. Please specify from which funds we should make the withdrawal in the box provided (see your My Client Space page for current fund values). If you prefer not to choose, you can check the box marked 'Proportional' (funds will be withdrawn from each of your funds in proportion to their market value).

Payment Information

Please indicate who the withdrawal is payable to: the subscriber, the beneficiary, or a combination of both. For a direct deposit, please ensure that the name pre-printed on the void cheque corresponds to the payee indicated. If no name or a different name is printed on the void cheque you provide to us, the default option (cheque) will be used instead of direct deposit.

Verification of Enrolment

All withdrawal requests for educational purposes (EAP or PSE) must include a valid **proof of enrolment** for the beneficiary in a qualifying post-secondary educational institution (hereinafter the "school"). This section is to be completed by the **school registrar's office**. If you are unable to have it completed by the school, please provide documentation the government's requirements:

Document MUST include all items below	Example of documents
- Beneficiary name	- Signed and stamped letter from the registrar certifying enrolment in the current or upcoming session
- Post-secondary school name	- Invoice or receipt of payment from the registrar's office indicating the full tuition amount
- Semester(s) or school year (e.g. Winter 2016)	- T2202 or T2202A receipt if submitted during the 6 months following the end of the semester
- Full-time (10 hours per week – 3 consecutive weeks duration) or part-time (12 hours per month – 3 consecutive weeks duration)	- Online proof of enrolment
	- Personalized timetable or course schedule
	- Document to obtain a student pass for public transport

All documents must provide all the mandatory information indicated above.

**REQUEST TO WITHDRAW FUNDS FROM A REGISTERED
EDUCATION SAVINGS PLAN FOR EDUCATIONAL PURPOSES**

F51-183A-1

Please complete every section of this form to avoid unnecessary delays in processing.
Send your completed form to your nearest iA office as indicated in the guide.

RESP contract number: Subscriber's name: _____

Beneficiary name: _____ Joint Subscriber (if applicable): _____

Subscriber address: _____

Beneficiary address (This address will be used to send out tax slips.):

Same as above or: _____

If we have any questions, who should we contact? Agent/Broker (default) OR Subscriber OR Joint Subscriber

Preferred contact information: Telephone: _____ Email: _____

School Information ▲ All fields must be completed.

Type of school: University College/CEGEP Private Trade or Career College Other (specify): _____

Total program length (in years) _____ Start date of semester (yyyy-mm-dd) _____ - _____ - _____ School postal code _____

Current year of program (e.g. 1st, 2nd) _____ Length of semester (in weeks) _____

Withdrawal Instructions

<p align="center">Withdrawal amount (net)</p> <p align="center">Grants & income will be withdrawn first, then contributions. To take specific amounts instead, complete boxes to the right.</p> <p align="center">\$ _____</p>	OR	<p align="center">Withdrawal of grants and income*</p> <p align="center">This is known as an Educational Assistance Payment and is taxable to the beneficiary.</p> <p align="center">\$ _____ Optional</p>	<p align="center">Withdrawal of contributions</p> <p align="center">This is known as a Post-Secondary Education withdrawal and is not taxable.</p> <p align="center">\$ _____ Optional</p>
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*Withdrawal limits apply. Please see guide on page 1.

SOURCE OF WITHDRAWAL:

<input type="checkbox"/> Proportional Funds are withdrawn from all investments in proportion to their market value.	OR	Specify funds (complete table)	<table border="1"> <tr> <th>Fund no.</th> <th><input type="checkbox"/> % or <input type="checkbox"/> \$</th> </tr> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> </table>	Fund no.	<input type="checkbox"/> % or <input type="checkbox"/> \$	1.		2.		3.		<table border="1"> <tr> <th>Fund no.</th> <th><input type="checkbox"/> % or <input type="checkbox"/> \$</th> </tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> <tr><td>6.</td><td></td></tr> </table>	Fund no.	<input type="checkbox"/> % or <input type="checkbox"/> \$	4.		5.		6.	
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Fund no.	<input type="checkbox"/> % or <input type="checkbox"/> \$																			
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Payment Information

	Payable to	Payment method	Special instructions
Grants and income	<input type="checkbox"/> Beneficiary (default) <input type="checkbox"/> Subscriber and Joint Subscriber (if applicable) <input type="checkbox"/> Subscriber or Joint Subscriber (Specify: _____)	<input type="checkbox"/> Direct deposit (attach pre-printed void cheque) <input type="checkbox"/> Cheque (default)	
Contributions	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Subscriber and Joint Subscriber (if applicable) (default) <input type="checkbox"/> Subscriber or Joint Subscriber (Specify: _____)	<input type="checkbox"/> Direct deposit (attach pre-printed void cheque) <input type="checkbox"/> Cheque (default)	

Signatures

I request that the indicated transaction be carried out in accordance with the conditions and stipulations of the contract.
As required by the Canada Education Savings Program (CESP), I confirm that the Beneficiary meets the Canadian Resident status requirements in order for the Educational Assistance Payment (EAP) to be paid.

_____ Date (yyyy-mm-dd) _____ Subscriber _____ Joint Subscriber (if applicable) _____ Agent

Verification of Enrolment

Please have the following completed by the school's registrar. OR See the guide on page 1 for acceptable alternatives. (Note: Offers of admission are not valid.)

Student name _____ School name _____

Current enrolment status Registered full-time (10 hrs / week minimum) Registered part-time (12 hrs / month minimum)

Current academic session (e.g. Fall 2017) _____

I hereby declare that the enrolment information provided on this form for the student named above is correct.

_____ Signature of registrar _____ Date of signature (yyyy-mm-dd)

Registrar's (ink) stamp
(mandatory if section completed)

