RESP WITHDRAWAL GUIDE

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

This guide will help you fill out the form on the next page. If you have any questions, please contact us at 1-844-442-4636 or at savings@ia.ca.

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

SECTION 1	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.**

SECTION 2	WITHDRAWAL INSTRUCTIONS

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

Grants and income (Educational Assistance Payment (EAP))

Withdrawal limits
Full-time students: $5,000 during first 13 weeks of enrolment
Part-time students: $2,500 per period of 13 weeks of enrolment

Tax implications
The beneficiary will receive the tax forms for the EAP amount included in the withdrawal.

Contributions (Post-Secondary Education (PSE) withdrawal)

Withdrawal limits
No limit

Tax implications
No tax implications

Withdrawal amount

Please indicate the total amount you wish to receive in the box provided. Follow the instructions if you wish to specify the proportions of EAP and PSE in the withdrawal.

Source of withdrawal

This section applies to My Education and My Education+ contracts. Please specify from which funds we should make the withdrawal (see your My Client Space page for current fund values). If you prefer not to choose, check the box marked *Proportional.*

SECTION 3	PAYMENT INFORMATION

Please indicate who the withdrawal is payable to: the beneficiary (student identified in the RESP), the subscriber and/or joint subscriber (the contract owner(s)) or both. For a direct deposit, please ensure that the name printed on the void cheque corresponds to the payee indicated. If it is not, payment by cheque will be used by default.

SECTION 4	VERIFICATION OF ENROLMENT

This section must be completed and stamped by the school registrar's office. All fields are mandatory. If you are unable to obtain the registrar's stamp, the following documents will be accepted:

– Signed and stamped letter from the registrar certifying enrolment in the current or upcoming session

– Invoice or receipt of payment from the registrar's office indicating the full tuition amount

– T2202 or T2202A receipt if submitted during the six months following the end of the semester

– Proof of online enrolment

– Personalized timetable or course schedule

– Document to obtain a student pass for public transport

Regardless of the document chosen to confirm the beneficiary's enrolment, **it must provide all the mandatory information below:**

☐ Student name (beneficiary)

☐ Post-secondary school name

☐ The student's current semester(s) or school year (e.g. Winter 2019)

☐ Whether the student is enrolled full-time or part-time

Send your completed form to your nearest office:

iA Financial Group

iA Financial Group

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: _____

1- 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) _____

2- Withdrawal Instructions

Withdrawal amount (net) Grants and income will be withdrawn first, then contributions. To take specific amounts instead, complete boxes to the right.	OR	Withdrawal of grants and income (optional) This is known as an Educational Assistance Payment and is taxable to the beneficiary. Withdrawal limits apply. Please see guide on page 1.	Withdrawal of contributions (optional) This is known as a Post-Secondary Education withdrawal and is not taxable.
$		$	$

SOURCE OF WITHDRAWAL:

☐ Proportional (default) Funds are withdrawn from all investments in proportion to their market value.	OR	Specify funds (complete table)		Fund no.	☐ % or ☐ $		Fund no.	☐ % or ☐ $
			1.			4.		
			2.			5.		
			3.			6.		

3- Payment Information

	Payable to	Payment method	Special instructions
Grants and income	☐ Beneficiary (default) ☐ Subscriber **and** Joint Subscriber (if applicable) ☐ Subscriber **or** Joint Subscriber (Specify: _____)	☐ Direct deposit (attach pre-printed void cheque) ☐ Cheque (default)	
Contributions	☐ Beneficiary ☐ Subscriber **and** Joint Subscriber (if applicable) (default) ☐ Subscriber **or** Joint Subscriber (Specify: _____)	☐ Direct deposit (attach pre-printed void cheque) ☐ 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.

_____-____-_____ X_____ X_____ _____
Date **Subscriber** **Joint Subscriber** **Agent**
(yyyy-mm-dd) (Limited trading authorization not available) (if applicable) (optional)

4- 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 (for example, 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)