

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 W
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 W
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

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	Known as	Withdrawal limits	Tax implications
Grants and income	Education Assistance Payment (EAP)	Full-time students: maximum \$5,000 during first 13 weeks of enrolment Part-time students: maximum \$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 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 is printed on the void cheque you provide to us, the default option (cheque) will be used instead of direct deposit.

Verification of Enrolment

For an educational withdrawal, we require proof that the beneficiary is **enrolled** in a post-secondary school. Enrolment can be for a current or upcoming session, or one that has ended within the past 6 months. This section is to be completed by the **school registrar's office**. If you are unable to have the school complete this section, provide documentation which meets the below criteria (please note that a letter of acceptance is not a valid verification of enrolment):

Document MUST include all items below		Examples of documents
- Beneficiary name	- Semester(s) or school year	- Registrar's letter of enrolment
- Post-secondary school name	- Indication that beneficiary is enrolled full or part time*	- Invoice or receipt of payment for tuition
- Date when proof was issued		- Timetable (current semester for its duration)

* Please note that minimum length of term is three consecutive weeks. To be considered a full-time student, the beneficiary must be taking a minimum of 10 hours of classes per week. To be considered a part-time student, the beneficiary must be taking a minimum of 12 hours of classes per month.

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:

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Subscriber's name:
Beneficiary name:
Joint Subscriber (if applicable):

Subscriber address:
Beneficiary address: ☐ Same as above or :

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

Preferred contact information: ☐ Telephone : ☐ Email:

School Information

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

Withdrawal amount (net)

Grants & income will be withdrawn first,
then contributions. To take specific amounts instead,
complete boxes to the right.

\$

OR

Withdrawal of grants and income*

This is known as an Educational Assistance Payment
and is taxable to the beneficiary.

\$

Optional

Withdrawal of contributions

This is known as a Post-Secondary Education withdrawal
and is not taxable

\$

Optional

*Withdrawal limits apply. Please see guide on page 1.

SOURCE OF WITHDRAWAL:

☐ Proportional

Funds are withdrawn from all
investments in proportion to their
market value.

OR

Specify funds (complete table)

	Fund no.	<input type="checkbox"/> % or <input type="checkbox"/> \$		Fund no.	<input type="checkbox"/> % or <input type="checkbox"/> \$
1.			4.		
2.			5.		
3.			6.		

Payment Information

	Payable to	Payment method	Special instructions
Grants and income	<input type="checkbox"/> Beneficiary (default) <input type="checkbox"/> Subscriber	<input type="checkbox"/> Direct deposit (attach pre-printed void cheque) <input type="checkbox"/> Cheque (default)	
Contributions	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Subscriber (default)	<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 2015)

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)


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