



REGISTERED EDUCATION SAVINGS PLAN (RESP) TRANSFER FORM

Part B: Receiving promoter

1 Information about the receiving promoter			
Promoter's name			
Address			
City	Province/Territory	Postal code	
Contact name		Telephone number	
2 Information about the receiving RESP			
Specimen plan number	Contract number	RESP type <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group	
Subscriber's family name or Agency name		Subscriber's given name	
Joint subscriber's family name (if applicable)		Joint subscriber's given name	
3 Information about the beneficiaries			
	Beneficiary 1	Beneficiary 2	Beneficiary 3
Family name			
Given name			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance Number			
Date of birth (yyyy/mm/dd)			
<input type="checkbox"/> Insert a checkmark if there are additional beneficiaries (complete Annex 1)			Total number of beneficiaries



4 Transfer eligibility information

1. Does the receiving RESP comply with the conditions for registration, as required under the <i>Income Tax Act</i> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you, the receiving promoter and your trustee, have a signed agreement with ESDC to offer education savings incentives administered by ESDC? If yes, indicate which incentives you offer:	<input type="checkbox"/> YES <input type="checkbox"/> NO
a) the basic amount of Canada Education Savings Grant (Basic CESG)	<input type="checkbox"/> YES <input type="checkbox"/> NO
b) the additional amount of Canada Education Savings Grant (Additional CESG)	<input type="checkbox"/> YES <input type="checkbox"/> NO
i) If you do not offer the Additional CESG and it exists in the relinquishing RESP, do you, the receiving promoter, agree to administer the rules of the Additional CESG? (See section 8: A to B Transfer policy in Transfer form Part A)	<input type="checkbox"/> YES <input type="checkbox"/> NO
c) the Canada Learning Bond (CLB)	<input type="checkbox"/> YES <input type="checkbox"/> NO
d) the British Columbia Training and Education Savings Grant (BCTESG)	<input type="checkbox"/> YES <input type="checkbox"/> NO
e) the Saskatchewan Advantage Grant for Education Savings (SAGES)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is the receiving RESP either an individual plan or a family plan in which all beneficiaries are brothers and sisters (no cousins)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

5 Privacy

The information provided in this form will be shared with the relinquishing promoter for the purposes of processing this transfer. Personal information will be handled in accordance with the privacy legislation in the respective jurisdictions. The transfer is also subject to *The Personal Information Protection and Electronic Documents Act* (PIPEDA). PIPEDA provides every person with a right of access to information under the control of the receiving promoter and/or the relinquishing promoter, subject to a limited set of exemptions.

6 Certification

I certify that to the best of my knowledge, the information given on this form and the attached **Annex 1 - Additional beneficiaries** (if applicable) is accurate and complete.

Name of authorized RESP promoter representative	Telephone number	Fax number
Signature of authorized RESP promoter representative		Date (yyyy/mm/dd)

Where to get more information:

Phone: 1 888 276-3624 / 1 800 465-7735 for TTY users only
E-mail: cesp-pcee@hrsdc-rhdcc.gc.ca
Internet: www.canada.ca/RESPresources