

<b>Representative:</b> _____ <b>RESP# 1185001</b>	<b>Account # :</b> _____ <input type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Joint account</b>
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This form must be attached to "Application for family Education Savings Plan" for the subscriber(s) listed below.

**Subscriber information**

The subscriber is the person investing on behalf of the beneficiary

A subscriber may either be an individual or an individual and his spouse or common-law partner of that individual or public primary caregiver.

**Joint subscriber information**

For joint accounts only; must be subscriber's spouse or common-law partner.

<input type="checkbox"/> Mr.				_____					
<input type="checkbox"/> Mrs.				_____					
<input type="checkbox"/> Ms.				Last name		First name		Initials	
mm/dd/yyyy		mandatory		_____		_____		_____	
Date of birth		Social Insurance number		Home phone number		Business phone number		_____	
Address			Ap .	City		Province	Postal code		_____

<input type="checkbox"/> Mr.				_____					
<input type="checkbox"/> Mrs.				_____					
<input type="checkbox"/> Ms.				Last name		First name		Initials	
mm/dd/yyyy		mandatory		_____		_____		_____	
Date of birth		Social Insurance number		Home phone number		Business phone number		_____	
Address			Ap .	City		Province	Postal code		_____

4 <sup>th</sup> beneficiary										
Last name			First name			Middle name				_____
mm/dd/yyyy		mandatory		Gender		Relationship to the subscriber				_____
Date of birth		Social Insurance number		<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> son/daughter	<input type="checkbox"/> grandchild	<input type="checkbox"/> brother/sister		_____
Address (if different from the subscriber)			Ap .	City		Province	Postal code		_____	
Parent/Guardian name and residential address (if different from subscriber)										

**Beneficiary information**

Beneficiary name must match the name on the SIN card. (Please attach copy)

**NOTE :**

A beneficiary is the child entitled to receive the education-assistance payments under the Plan.

You may designate two or more children as beneficiaries under this Family Plan.

Each beneficiary must be connected by blood relationship or adoption to the subscriber and must be under the age of 21 unless the individual was a beneficiary under another family RESP immediately before this designation.

\* If the beneficiary is under 19 years of age, also provide name and address of parent or guardian with whom the beneficiary usually resides or the public primary caregiver, if applicable.

5 <sup>th</sup> beneficiary										
Last name			First name			Middle name				_____
mm/dd/yyyy		mandatory		Gender		Relationship to the subscriber				_____
Date of birth		Social Insurance number		<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> son/daughter	<input type="checkbox"/> grandchild	<input type="checkbox"/> brother/sister		_____
Address (if different from the subscriber)			Ap .	City		Province	Postal code		_____	
Parent/Guardian name and residential address (if different from subscriber)*										

6 <sup>th</sup> beneficiary										
Last name			First name			Middle name				_____
mm/dd/yyyy		mandatory		Gender		Relationship to the subscriber				_____
Date of birth		Social Insurance number		<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> son/daughter	<input type="checkbox"/> grandchild	<input type="checkbox"/> brother/sister		_____
Address (if different from the subscriber)			Ap .	City		Province	Postal code		_____	
Parent/Guardian name and residential address (if different from subscriber)*										

<b>I, HEREBY DECLARE</b> that the information given in this document is, true, correct and complete in every respect.		
Date	Subscriber's Signature	Joint subscriber's signature (if applicable)
<b>Accepted by CI Investment Services Inc.</b>		
Date	_____ Authorized signature	

**CI Financial Corp. Privacy Office  
Canadian****Subsequent Collection Form Standard Privacy Notice**

CI Investment Services Inc. ("CIIS", "we", "our", "us") requires personal information to administer and provide services associated with your account ("Account Services"). We use the personal information collected on this form to provide the products and services you have requested, improve our products and services, and fulfill our legal and regulatory obligations. Additional privacy terms apply to use of our online services and certain other services. We are not responsible for Third Party Providers such as your financial advisor and their dealership, who process personal information in accordance with their own terms. We share your personal information with CI Financial company affiliates and their subsidiaries where necessary to administer and service your account. You have the right to request access to or correction of, or withdraw your consent to the processing of, your personal information. For more information, including with respect to our use of service providers outside of Canada or your province of residence, please contact our Privacy Officer or see the CIIS's Privacy Policy at <https://www.cifinancial.com/ci-is/ca/en/privacy.html>.