BMO InvestorLine®

RESP Withdrawal: RRSP Roll-over / Accumulated Income Payment (AIP)

Identification

Date (YY/MM/DD) | Phone Number (area code, no.) | Account Number

Subscriber's Last Name | Subscriber's First Name

Complete if applicable:

Co-subscriber's Last Name | Co-subscriber's First Name

A — Withdrawal details

Please check the appropriate box:

☐ RRSP Rollover

$

Complete Sections B, C or D, and E
Subscriber must provide valid RRSP account number
Attach completed "*Tax Withholding Waiver on Accumulated Income Payments from RESPs*" (CCRA Form #T1171)
Method of payment – either cash or in-kind (sufficient cash/assets required)

☐ Accumulated Income Payment

$

Complete Sections B, C or D, and E
Issued to subscriber or educational institution
Method of payment for subscriber – either cash or in-kind (sufficient cash/assets required)
Method of payment for educational institution – cash only (sufficient cash required)

B — RRSP Rollover and/or Donation

Financial Institution and/or educational institution information.

a. If withdrawal is an RRSP Rollover, please check the appropriate option

☐ RRSP is held at BMO InvestorLine Inc. ☐ RRSP is held at another financial institution as indicated below

Financial Institution | RRSP Account Number

Address (number, street)

City or Town | Prov. | Postal Code

b. If withdrawal is Accumulated Income Payment being donated to an educational institution, complete information below:

Educational Institution:

Name of Institution

Address (number, street)

City or Town | Prov. | Postal Code

C — Deposit details

Subscriber's BMO InvestorLine Inc. registered or non-registered account number:

Please provide your method of payment: ☐ Cash $ ☐ Securities (please complete the table below)

Quantity	Description	Security Code	Price / Share	Total Value

NOTE: Please consult with one of our agents if you do not know the Security Code.

D — Authorization

I authorize BMO InvestorLine Inc. to process the above withdrawal from my Plan. I acknowledge that any grant funds remaining in the plan will be returned to the CESG Program. I understand that tax will be withheld on the accumulated income payment portion. I verify that all beneficiaries of the plan are no longer at post-secondary school, are greater than 21 years of age, and are Canadian residents. I further verify that the RESP contract has been registered for over 10 years. If these conditions are not met, I acknowledge that accumulated income can only be donated to a recognized educational institution.

Subscriber Signature | *Date (YY/MM/DD)*

Co-subscriber Signature | *Date (YY/MM/DD)*

® Registered trade-marks of Bank of Montreal, used under license.
BMO InvestorLine Inc. is a wholly owned subsidiary of Bank of Montreal Holding Inc. Member CIPF and IIROC. (08/08)