BMO InvestorLine®

Education Savings Plan Beneficiary Addition / Update Form

Please Complete

☐ **ADD A BENEFICIARY (Family & Grandfathered plans only)** ☐ **UPDATE BENEFICIARY INFORMATION**

Information contained on this form, as well as amounts of the plan, may be shared with the custodial parent. Information will also be provided to Human Resources Development Canada, the federal department responsible for the program and the Canada Customs & Revenue Agency for taxation purposes.

Date (YY/MM/DD) | Account Number

Subscriber's Last Name | Subscriber's First Name

If applicable:

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

A

Beneficiary Information

The following person is designated as a beneficiary entitled to receive educational assistance payment under this Plan.

Title | Last Name | First Name

Home Address (number, street) | Suite No.

City or Town | Prov. | Postal Code

SIN **Provide Photocopy of Card** | Birth Date (YY/MM/DD) | ☐ Male ☐ Female

Relationship to subscriber

If the Beneficiary is less than 19 years of age AND if the Subscriber is not the Custodial Parent, Legal Guardian or Public Primary Caregiver:

Name of Custodial Parent, Legal Guardian or Public Primary Caregiver:

Last Name | Initials | First Name

Address of Custodial Parent, Legal Guardian or Public Primary Caregiver:

Address: ☐ Same as Subscriber ☐ Same as Beneficiary ☐ Different address (complete section below)

Home Address (number, street) | Suite No.

City or Town | Prov. | Postal Code

B

Basic CESG Application

Do you wish the Trustee to apply for the BASIC CANADA EDUCATION SAVINGS GRANT (CESG) on your behalf?

☐ **Yes** ☐ **No**

If yes then:

Complete the ***"Canada Education Savings Grant Application"*** **– SDE0069** and attach it to this form.

Note: If the Subscriber **is not the Custodial Parent or Legal Guardian** of the Beneficiary as defined in the CESG Application Form, the Beneficiary's Custodial Parent or Legal Guardian must complete and sign page 3 and 4 of the CESG Application.

C

Authorization

I confirm that the beneficiary is a resident of Canada.
I understand residency is a requirement for receiving a grant under the Canada Education Savings Grant Program.
I undertake to advise the trustee if the beneficiary is no longer resident in Canada at the time of any subsequent contribution in relation to that beneficiary.
I further undertake to advise the plan trustee if the beneficiary is a non-resident at the time an educational assistance payment is requested.

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

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

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