



RESP WITHDRAWAL: NON-PSE CAPITAL WITHDRAWAL / RRSP ROLL-OVER / ACCUMULATED INCOME PAYMENT (AIP)

A INFORMATION ABOUT YOU

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 _____

B WITHDRAWAL DETAILS

For all withdrawal options, a portion or the remainder of government incentives (i.e. CESG, CLB, and/or QES) will be repaid to Employment and Social Development Canada (ESDC) and/or Revenue Québec. Sufficient cash must be available for grant re-payment.

Please check appropriate box.

- RRSP Rollover (\$) **Complete Sections C, 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 C, 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/assets required)
- Capital Withdrawal (\$) **Complete Sections D and E**
Payment amount is comprised of capital and is non-taxable.
Method of payment is either cash or in-kind (sufficient cash/assets required)

C RRSP ROLLOVER AND/OR DONATION

Financial Institution and/or educational institution information.

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

Educational Institution:

Name of Institution _____

Address (number,street) _____

City or Town _____ Prov. _____ Postal Code _____

D DEPOSIT DETAILS

Subscriber's BMO InvestorLine Inc. Registered or Non-Registered Account #: _____

Subscriber's BMO Bank Account #: _____
Bank _____ Transit _____ Account # _____

Cheque Issue: Payee: Subscriber(s)

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

For in-kind payments 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.

E AUTHORIZATION

I authorize BMO InvestorLine Inc. to process the above withdrawal from my Registered Education Savings Plan (RESP). I am fully aware that any withdrawals made where there is CESG, CLB, and/or QESI remaining in the RESP will result in the re-payment of a portion or the remainder of government incentives to ESDC and/or Revenue Québec. I am also fully aware that tax will be withheld on any AIP portion. For AIP and/or RRSP Rollover requested, I verify that all beneficiaries under the RESP are no longer eligible to receive an Education Assistance Payment (EAP), all beneficiaries have reached 21 years of age, and that the RESP contract has been registered for over 10 years; or all beneficiaries under the RESP are deceased. If these conditions are not met, I understand that the accumulated income can only be gifted to a Canadian designated educational institution. I further understand that if Accumulated Income Payment, RRSP Rollover, or Gift to Educational Institution is selected the RESP must be terminated by the end of February in the following calendar year the initial transaction was made.

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

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