

under 19 years of age.

Account Number		

# Education Savings Plan (Family) 1. Subscriber Information

i. Jubscriber	IIIIOIIIIatioi	•											
	First Name		M.I. Last Name					Gender					
First and Last Names as well as Social Insurance								F 🗌	М				
Number are mandatory fields.	Birth Date MM DD YYYY	Social Insuran	ce Numbe	er	Phone	Number							
neids.													
	Legal Address												
	Civic # / RR #	ne / RR					Street Type						
	5: .: /7						11 : " / 4						
	Direction / Type Unit Type / Floor							Unit # / Apartment # / Floor #					
	City		Province / St	State Postal / Z			Postal / Zip Code	Country					
	Joint Subscriber Information (Spouse or Common-Law Partner)												
	First Name			M.I.	Last Name	Last Name			Gender F	м			
	Birth Date MM DD YYYY		Social Insuran	ce Numbe	er	Phone	Number						
	Same address as above, OR												
	Legal Address												
	Civic # / RR #	ne / RR				Street Type							
	District of the second of the								11.5.11.4.5				
	Direction / Type Unit Type / Floor							Unit # / Apartment # / Floor #					
	City		Province / St	tate			Postal / Zip Code	Country					
2. Beneficiary	Designatio	n (M	andat	tory	)								
Additional beneficiary designations for family plans (use separate sheet).	Family Plans may have as defined in the Inco brothers and sisters at cannot designate you insurance number(s) of Errors or omissions ma To be eligible for gove	me Tax A re related rself or yo f the ber ay prever	Act (Canada I to you by our spouse neficiary (ie nt ESDC fro	a) and no blood. e as a been been been been been been been be	nust not have a Your nieces an eneficiary unde ded below are ing grants.	ttaine d nep r a Fa exact	ed 21 years of age ohews are not rela mily Plan. It is ess ly as they appear	e. Your child ated to you sential that on the soo	dren, grando by blood. Yo the name ar cial insurance	children, You nd social e cards.			
	Please indicate the number of beneficiary designations:												
	Beneficiary 1												
	First Name			M.I.	Last Name				Gender F	м			
	Relationship to Subscriber		Birth Date	e MM DD	YYYY	Social	Insurance Number (Re	quired)	% Allocation				
Diama and the d	Same Address as Subsc		,										
Please provide the name and address of the	Beneficiary 1 Custod	iai Paren				aregi	ver	CINI of Para-+	/Guardian /Pa-	urod)			
custodial parent, guardian or public primary caregiver for any beneficiary who is	First Name		M.I.	Last N	ante			SIN OF Parent.	/Guardian (Requ	neu)			
ioi arry beneficiary willo is													

# 2. Beneficiary Designation (Mandatory)

Fidelity Clearing Canada ULC will advise the public primary caregiver of a plan that has been opened for the beneficiary who is under the age of majority and is maintained by a public primary caregiver.

Beneficiary 1 Legal <i>A</i>	Address										
Civic # / RR #	Street Name / RR Street Type										
Direction / Type	Unit Type / Floor Unit # / A								t # / Apartment # / Floor #		
S. Collon / Type	Unit #7 Apartment #7								π / 1 1001 π		
<u> </u>	L										
City		Province	e / Sta	ite			Postal / Zip Code	Country			
Beneficiary 2											
First Name			١	M.I.	Last Name				Gender		
									F M		
Birth Date MM DD YYYY	:	Social Insi	urance	e Numb	er (Required)	% Allo	ocation				
Same Address as Subso	riber (Note:	if differer	nt ple	ase com	nalete the following	7 )					
Beneficiary 2 Custod	iai Paren	t, Guar		_		Careg	iver	Taur ca			
First Name			M.I.	Last N	lame			SIN of Parent	/Guardian (Required)		
				<u> </u>							
Beneficiary 2 Legal A	Address										
Civic # / RR #	Street Nam	ne / RR						Street Type			
Direction / Type	Unit Type /	Eloor						Linit # / Apar	Jnit # / Apartment # / Floor #		
Direction / Type	Unit Type /	FIOOI						Onit # / Apai	urient # / Floor #		
City		Province	e / Sta	ite			Postal / Zip Code	Country	Country		
Beneficiary 3											
First Name			I	M.I.	Last Name				Gender		
Tirst Nume			Ι.	*1.11.	Lust I valle				F M M		
Birth Date MM DD YYYY	- 1	C:-		- NiI-	(DiI)	0/ AII.	ocation		<u> </u>		
Birth Date MiM DD 1111		Social insi	urance	amuni	er (Required)	% All	ocation				
Same Address as Subso	riber (Note:	if differer	nt, ple	ase con	nplete the following	g.)					
— Beneficiary 3 Custod	ial Paren	t. Guar	rdiar	or Pi	ublic Primary	Cared	iver				
First Name		,	M.I.	Last N				SIN of Parent	/Guardian (Required)		
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				<u> </u>							
Beneficiary 3 Legal <i>F</i>	Address										
Civic # / RR #	Street Name / RR Street Ty						Street Type				
Direction / Type	Unit Type / Floor Unit # /						Unit # / Apar	nit # / Apartment # / Floor #			
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Cit.		D	- / C+-				D+-1 / 7:- CI-	Country			
City	Province / State Postal / Zip Code						Country				
							<u> </u>				
Beneficiary 4											
First Name			ı	M.I.	Last Name				Gender		
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Right Date MM DD WW	1.	Cocial In-	uranca	NI. ml-	or (Poquired)	0/ AII.	acation				
Birth Date MM DD YYYY	!	Social Ins	urance	e Numb	er (Required)	% Allo	ocation				
Birth Date MM DD YYYY	:	Social Ins	urance	e Numb	er (Required)	% Allo	ocation				

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#### 2. Beneficiary Designation (Mandatory)

### Beneficiary 4 Custodial Parent, Guardian or Public Primary Caregiver M.I. Last Name SIN of Parent/Guardian (Required) **Beneficiary 4 Legal Address** Civic # / RR # Street Name / RR Street Type Direction / Type Unit Type / Floor Unit # / Apartment # / Floor # City Province / State Postal / Zip Code Country 3. Application for Grant In order to apply for the Government Grants, this Education Savings Plan must be accepted for registration by The Canada Revenue Agency and the subscriber must duly complete the prescribed government forms to Fidelity Clearing Canada ULC. Failure to provide these documents pursuant to the terms of the Applicable Tax Legislation and the Applicable Grant Legislation may result in missed or delayed payments. I do not wish to participate in any grant program 4. Designated Education Institution In the event that no beneficiary or other person qualifies for payments under the Plan, the educational institution designated below shall be entitled to the net accumulated income portion held under the plan. Name of Institution Province 5. Termination Date I/We confirm that no contribution may be made to the Plan by or on The Final Termination date must be no later than the last day of the behalf of me after the 31st year following the year in which the Plan 35th year following the year in which the plan is entered into. Final Termination Date December 31, I/We hereby apply for a Fidelity Clearing Canada ULC Family Education Savings Plan as indicated above. I/We request that Fidelity Clearing

# 6. Subscriber Signature

All fields in the

mandatory.

Designated Education

Institution section are

was entered into. Final Contribution Date

December 31,

Canada ULC apply to register the plan in accordance with the applicable Income Tax legislation and understand that benefits received from the plan may be taxable. I/We acknowledge that contributions to the plan in excess of the amounts allowed, under applicable tax legislation, will result in a penalty tax. I/We certify the information set out above is correct and agree to provide any further information which may be required in connection with the registration and administration of the plan. I/We have received, read and agree to the terms and conditions.

Subscriber Signature	Date MM - DD - YYYY
NDIS	

Joint Subscriber Signature	Date MM - DD - YYYY
SIGN	

#### 7. Promoter Trustee Acceptance



Accepted by Fidelity Clearing Canada ULC as Promoter and for TSX Trust Company of Canada