

Account Number

Education Savings Plan (Family)

1. Subscriber Information

First and Last Names as well as Social Insurance Number are mandatory fields.

First Name	M.I.	Last Name	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Birth Date MM DD YYYY	Social Insurance Number	Phone Number	

Legal Address

Civic # / RR #	Street Name / RR	Street Type	
Direction / Type	Unit Type / Floor	Unit # / Apartment # / Floor #	
City	Province / State	Postal / Zip Code	Country

Joint Subscriber Information (Spouse or Common-Law Partner)

First Name	M.I.	Last Name	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Birth Date MM DD YYYY	Social Insurance Number	Phone Number	

Same address as above, OR

Legal Address

Civic # / RR #	Street Name / RR	Street Type	
Direction / Type	Unit Type / Floor	Unit # / Apartment # / Floor #	
City	Province / State	Postal / Zip Code	Country

2. Beneficiary Designation (Mandatory)

Additional beneficiary designations for family plans (use separate sheet).

Family Plans may have more than one beneficiary but all must be related to the subscriber(s) by blood or adoption as defined in the Income Tax Act (Canada) and must not have attained 21 years of age. Your children, grandchildren, brothers and sisters are related to you by blood. Your nieces and nephews are not related to you by blood. You cannot designate yourself or your spouse as a beneficiary under a Family Plan. It is essential that the name and social insurance number(s) of the beneficiary (ies) recorded below are exactly as they appear on the social insurance cards. Errors or omissions may prevent ESDC from paying grants.

To be eligible for government grants, each of the beneficiaries must be siblings of one another. Sibling Only

Please indicate the number of beneficiary designations: _____

Beneficiary 1

First Name	M.I.	Last Name	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Relationship to Subscriber	Birth Date MM DD YYYY	Social Insurance Number (Required)	% Allocation

Same Address as Subscriber (Note: if different, please complete the following.)

Please provide the name and address of the custodial parent, guardian or public primary caregiver for any beneficiary who is under 19 years of age.

Beneficiary 1 Custodial Parent, Guardian or Public Primary Caregiver

First Name	M.I.	Last Name	SIN of Parent/Guardian (Required)
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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 Address

Civic # / RR #	Street Name / RR	Street Type	
Direction / Type	Unit Type / Floor	Unit # / Apartment # / Floor #	
City	Province / State	Postal / Zip Code	Country

Beneficiary 2

First Name	M.I.	Last Name	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Birth Date MM DD YYYY	Social Insurance Number (Required)	% Allocation	

Same Address as Subscriber (Note: if different, please complete the following.)

Beneficiary 2 Custodial Parent, Guardian or Public Primary Caregiver

First Name	M.I.	Last Name	SIN of Parent/Guardian (Required)
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Beneficiary 2 Legal Address

Civic # / RR #	Street Name / RR	Street Type	
Direction / Type	Unit Type / Floor	Unit # / Apartment # / Floor #	
City	Province / State	Postal / Zip Code	Country

Beneficiary 3

First Name	M.I.	Last Name	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Birth Date MM DD YYYY	Social Insurance Number (Required)	% Allocation	

Same Address as Subscriber (Note: if different, please complete the following.)

Beneficiary 3 Custodial Parent, Guardian or Public Primary Caregiver

First Name	M.I.	Last Name	SIN of Parent/Guardian (Required)
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Beneficiary 3 Legal Address

Civic # / RR #	Street Name / RR	Street Type	
Direction / Type	Unit Type / Floor	Unit # / Apartment # / Floor #	
City	Province / State	Postal / Zip Code	Country

Beneficiary 4

First Name	M.I.	Last Name	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Birth Date MM DD YYYY	Social Insurance Number (Required)	% Allocation	

Same Address as Subscriber (Note: if different, please complete the following.)

2. Beneficiary Designation (Mandatory)

Beneficiary 4 Custodial Parent, Guardian or Public Primary Caregiver

First Name	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

All fields in the Designated Education Institution section are mandatory.

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	City	Province

5. Termination Date

I/We confirm that no contribution may be made to the Plan by or on behalf of me after the 31st year following the year in which the Plan was entered into.

The Final Termination date must be no later than the last day of the 35th year following the year in which the plan is entered into.

Final Contribution Date
December 31,

Final Termination Date
December 31,

6. Subscriber Signature

I/We hereby apply for a Fidelity Clearing Canada ULC Family Education Savings Plan as indicated above. I/We request that Fidelity Clearing 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
	

Joint Subscriber Signature	Date MM - DD - YYYY
	

7. Promoter Trustee Acceptance

Signature


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