

| Account Number | | |
|----------------|--|--|
| | | |
| | | |

Education Savings Plan (Individual)

1. Subscriber Information

| First and Last Names as | First Name | | | Last Name | | | | Gender | | |
|--|--|--|--------------|----------------------|------------------------|------------|--------------------------------|-------------------------------|--|--|
| well as Social Insurance | | 1 | | | 1 | | | F L M L | | |
| Number are mandatory fields. | Birth Date MM DD YYYY | Birth Date MM DD YYYY Social Insurance | | | ce Number Phone Number | | | | | |
| | | | | | | | | | | |
| | Legal Address | | | | | | | | | |
| | Civic # / RR # | Street Name / RR | | | | | Street Type | | | |
| | | | | | | | | | | |
| | Direction / Type Unit Type / Floor | | | | | | Unit # / Apartment # / Floor # | | | |
| | | | | | | | | | | |
| | City | Provinc | e / State | tate Postal / Zip Co | | | Country | | | |
| | | | | | | | | | | |
| | Joint Subscriber Information (Spouse or Common-Law Partner) | | | | | | | | | |
| | First Name | | M.I. | Last Name | | | | Gender | | |
| | | | | | , | | | F M | | |
| | Birth Date MM DD YYYY | Social Ins | surance Numb | er | 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 | Provinc | e / State | ate Pos | | ip Code | Country | | | |
| | | | | | | | | | | |
| 2 Beneficiary | , Designatio | n (Manc | latory | /) | | | | | | |
| | Designation (Mandatory) | | | | | | | | | |
| | Individual Plans may have only one beneficiary including the subscriber or subscriber's spouse or common-law partner. It is essential that the name and social insurance number of the beneficiary recorded below are exactly as they appear | | | | | | | | | |
| | on the social insurance card. Errors or omissions may prevent ESDC from paying grants. | | | | | | | | | |
| | Beneficiary | | | | | | | | | |
| | First Name | | M.I. | Last Name | | | | Gender | | |
| | | | | | | | | F M | | |
| | Relationship to Subscriber | Birth | Date MM DI | YYYY | Social Insurance | Number (Re | equired) | % Allocation | | |
| | | | | | | | | | | |
| | Same Address as Subscriber (Note: if different, please complete the following.) | | | | | | | | | |
| Please provide the name and address of the | Beneficiary Custodial Parent, Guardian or Public Primary Caregiver | | | | | | | | | |
| custodial parent, guardian | First Name | | M.I. Last I | Name | | | SIN of Parent | /Guardian (Required) | | |
| or public primary caregiver for any beneficiary who is | | | | | | | | | | |
| under 19 years of age. | Legal Address | | | | | | | | | |
| Fidelity Clearing Canada | Civic # / RR # | Street Name / RR | | | | | Street Type | | | |
| ULC will advise the public | | | | | | | | | | |
| primary caregiver of a plan that has been opened | Direction / Type | Unit Type / Floor Unit | | | | | Unit # / Apar | nit # / Apartment # / Floor # | | |
| for the beneficiary who is | | | | | | | | | | |
| under the age of majority and is maintained by a | City | Provinc | e / State | | Postal / Z | ip Code | Country | | | |
| public primary caregiver. | | | | | | | | | | |

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 | City | Province |
|---------------------|------|----------|
| | | |
| | | i l |

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 or the 35th year following the year in which the Plan was entered into for Specified Plans.

Final Contribution Date
December 31,

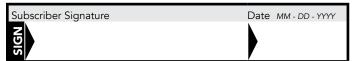
The Final Termination date must be no later than the last day of the 35th year following the year in which the plan is entered into or the 40th year following the year in which the plan is entered into for Specified Plans.

Final Termination Date

December 31,

6. Subscriber Signature

I/We hereby apply for a Fidelity Clearing Canada ULC Self-Directed Education Savings Plan - Single Beneficiary Plan (the "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.





7. Promoter Trustee Acceptance



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