## BENEFICIARY REPLACEMENT FORM

A beneficiary replacement may only be processed if the new beneficiary is a Canadian resident and has a valid Social Insurance Number.

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RESP AGREEMENT/APPLICATION NUMBER(S)								
1	SUBSCRIBER INFORMATION							
(MR./MRS./MS.) SUBSCRIBER 1 FIRST NAME				SUBSCRIBER 1 LAST NAME				
(MR./MRS./MS.) SUBSCRIBER 2 FIRST NAME				SUBSCRIBER 2 LAST NAME				
2	BENEFICIARY INFORMATION							
ORIGINAL E			AL BENEFICIARY		NEW (REPLACING) BENEFICIARY			
FIRST NAME								
LAST NAME								
DATE OF BIRTH (YYYY/MM/DD)								
SOCIAL INSURANCE NUMBER								
GENDER DN			□ FEMA	LE				
RELATIONSHIP TO SUBSCRIBER								
DO THE ORIGINAL AND NEW BENEFICIARY HAVE A			ARENT IN COMMON?	□ YES □ NO				
WHAT IS THE REASON FOR THE BENEFICIARY REPLACEMENT?								
3 CUSTODIAL PARENT OR GUARDIAN INFORMATION (if applicable). Mandatory if the beneficiary is under 19 years of age and the subscriber is not the parent.								
CUSTODIAL PARENT OR GUARDIAN FIRST NAME				CUSTODIAL PARENT OR GUARDIAN LAST NAME				
ADDRESS				CITY PROVINCE		E	POSTAL CODE	
4	SUBSCRIBER ACKNOWLEDGEMENT AND AUTHORIZATION							
According to the Government of Canada, a beneficiary replacement could result in an overcontribution to the new beneficiary and a penalty tax for the subscriber(s). To avoid this situation, one of the following conditions must be met: <ol> <li>The new beneficiary is under the age of 21 and is a sibling (brother or sister) of the original beneficiary; OR</li> <li>Both the original and new beneficiaries are under the age of 21 and are related to the subscriber(s) by blood or adoption (i.e. grandparents).</li> </ol> <li>If you do not fall under one of these conditions, or if your plan has received additional grants besides the basic Canada Education Savings Grant (CESG) under the second condition, the entire grant balance must be repaid to the government.</li> <li>Canada Learning Bond (if applicable) is not transferable and will be repaid to the government in all cases.</li> <li>I/We confirm the information and documents provided with this form are true and accurate to the best of my knowledge.</li> <li>I/We understand the conditions and risks as detailed in this Section for repayment of government grants and overcontribution/tax implications, if any.</li>								
5								
SUE	SCRIBER 1 SIGNATURE	SU	BSCRIBER	3 2 SIGNATURE		<b>DATE</b> Y   Y	Y Y M M D D	

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