

RESP 'EDUCATIONAL' WITHDRAWAL REQUEST



This form is to request a withdrawal while the student is attending post-secondary education, as a Post-Secondary Education (PSE) Contribution Payment and/or Educational Assistance Payment (EAP).

50 Burnhamthorpe Rd W., Suite 1000
Mississauga, Ontario L5B 4A5
Toll-free: 1 800 363-7377
Email: contact@embark.ca
Fax: 1 800 668-5007

Reminder! A Verification of Enrolment is required; this document can easily be obtained from your school's website or Registrar's office. Please attach it to this application. If one is not available, complete Section 2 below and affix your Registrar's seal/stamp prior to submission. An acceptance letter or offer of admission is not valid.

To receive a faster payout, please log in at embark.ca and request your withdrawal online. It's fast, easy, and secure!

1 PLAN INFORMATION			
RESP AGREEMENT NUMBER(S)			
SUBSCRIBER 1 NAME	EMAIL	MAILING ADDRESS	
SUBSCRIBER 2 NAME	EMAIL		
STUDENT NAME	EMAIL	STUDENT ADDRESS	
STUDENT SIN (LAST 3 DIGITS ONLY)	XXXXXX	Student is a Canadian Resident for tax purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No	(IF DIFFERENT FROM SUBSCRIBER)
2 VERIFICATION OF ENROLMENT			
TYPE OF POST-SECONDARY EDUCATION: <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> CEGEP, PRIVATE, VOCATIONAL OR CAREER COLLEGE <input type="checkbox"/> OTHER:			PROGRAM TYPE: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate
EDUCATION INSTITUTION NAME:		ATTENDANCE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	PROGRAM LENGTH (YEARS)
PROGRAM NAME:	ACADEMIC YEAR (WEEKS) _____ CURRENT YEAR OF ENROLMENT _____	ACADEMIC TERM START DATE Y Y Y Y M M D D	PROGRAM END DATE Y Y Y Y M M D D
I provide consent to the Registrar to release my post-secondary information: STUDENT SIGNATURE		INSTITUTION SEAL/STAMP MUST BE AFFIXED HERE	
DATE Y Y Y Y M M D D			
3 WITHDRAWAL AMOUNT (ANY EAP MUST BE WITHIN CRA ALLOWABLE LIMITS)¹			
Indicate the Type and Amount of payment to be withdrawn; you can withdraw a portion of funds from each type. Important! The EAP is taxable income for the student and is subject to Income Tax Act (ITA) limits, which may impact the amount you can withdraw.			
Type	Amount	Payment Method	
POST-SECONDARY EDUCATION (PSE)		Direct Deposit* <input type="checkbox"/> to a new account <input type="checkbox"/> to your existing bank account on file ending in _____	Cheque (transaction fee will apply) ² <input type="checkbox"/> payable to student <input type="checkbox"/> payable to subscriber(s)
AGR#: _____	\$ _____ OR <input type="checkbox"/> 100% OF FUNDS		
AGR#: _____	\$ _____ OR <input type="checkbox"/> 100% OF FUNDS		
EDUCATIONAL ASSISTANCE PAYMENT (EAP)		Direct Deposit* <input type="checkbox"/> to a new account <input type="checkbox"/> to your existing bank account on file ending in _____	Cheque (transaction fee will apply) ² <input type="checkbox"/> payable to student
AGR#: _____	\$ _____ OR <input type="checkbox"/> 100% OF FUNDS		
AGR#: _____	\$ _____ OR <input type="checkbox"/> 100% OF FUNDS		
*For direct deposits to a new account, a pre-printed void cheque or bank form must be provided.			
4 ACKNOWLEDGEMENT AND AUTHORIZATION			
Student has completed 13 consecutive weeks of post-secondary education in the last 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No			
By signing this form, I/we confirm the above information is correct and I/we acknowledge that for Educational Assistance Payments, the student has authorized the direction of payment selected in Section 3. For Post-Secondary Education withdrawals, authorization must be provided by at least one subscriber and for Educational Assistance Payments, authorization by either subscriber or student is accepted.			
SUBSCRIBER 1 SIGNATURE		SUBSCRIBER 2 SIGNATURE (WHERE APPLICABLE)	DATE Y Y Y Y M M D D
STUDENT SIGNATURE (WHERE APPLICABLE)			DATE Y Y Y Y M M D D

¹For more information, visit embark.ca