

The Third Party Contributor Form is required when it is determined that a third party, someone other than the subscriber, is funding an agreement. The funds must be in Canadian currency in a bank account held at a Canadian financial institution.

Plan Information

Plan Number(s)	Subscriber First Name	Subscriber Last Name
	Co-Subscriber First name (if applicable)	Co-Subscriber Last name (if applicable)

Third Party Contributor Information - Corporate Account

Full Legal Name of Corporation (Must include "Company," "Limited," etc.)	Type of Business	
Corporate Signing Officer 1		
First Name	Last Name	Birth Date
Corporate Signing Officer 2		
First Name	Last Name	Birth Date

The following documentation must also be provided:

Documentation to establish the existence of the corporation (e.g., certificate of corporate status, partnership agreement, articles of association, regulatory filing with provincial regulator or a letter or notice of assessment for the entity from a local, provincial or federal government).

A list of the corporation's directors and shareholders to establish the identity of the beneficial owners of the corporation. This list must be notarized as a "True Copy" and is required if the subscriber(s) is not a director or shareholder of the corporation.

Authorization & Acknowledgement

I acknowledge that the company named above is a third party contributing to the RESP(s) indicated above. The third party does not give instructions on how to deal with the money in this (these) plan(s) and will not have access to the money in the plan(s).

Corporate Officer 1 Signature Date (YYYY/MM/DD)

Corporate Officer 2 Signature Date (YYYY/MM/DD)

I authorize the third party to make contributions to the plan(s)

Subscriber Signature Date (YYYY/MM/DD)

Co-Subscriber Signature (If Applicable) Date (YYYY/MM/DD)



Financial Institution Information

Transit Number Institution (Bank) Number Account Number

Contribution(s)

Amount Start Date (YYYY/MM/DD) End Date (YYYY/MM/DD) \$

Contributions to a Family plan will be split evenly between Beneficiaries unless otherwise directed

Frequency:

Bi-weekly¹ Monthly² Annual³ One-Time⁴

If the scheduled date of the pre-authorized contribution falls on a weekend or bank holiday, the funds will be deducted on the next business day.

Authorization & Acknowledgement

As the financial institution account holder, please accept my signature at the bottom of this form as my authorization for Embark Student Corp. to withdraw money from the account identified on this form. I acknowledge that:

- 1. If a PAC is returned by the bank for reason of non-sufficient funds, the bank may attempt again to draw the PAC amount from the account indicated above within thirty days of such return.
2. If the initial deposit date cut-off has passed, the initial deposit and the first ongoing contribution will be taken on next available PAC date.
3. Unless it is a one-time contribution, I may revoke authorization at any time, by providing Embark Student Corp. with a notice in writing 10 business days prior to the next scheduled PAC.
4. I have certain recourse rights if any debit does not comply with this PAC Agreement.
5. Provision and delivery of this authorization to Embark Student Corp. constitutes delivery by that bank/financial institution.
6. This Authorization is provided for the benefit of Embark Student Corp. and any such financial institution agreeing to process debit(s) against my account in accordance with the Rules of the Canadian Payments Association.
7. I undertake to inform Embark Student Corp., in writing, of any change in the account information provided in this authorization at least 7 business days prior to the next scheduled PAC.
8. My financial institution is not required to verify that a PAC has been issued in accordance with the particulars of my authorization including, but not limited to, the amount.
9. My financial institution is not required to verify that any purpose of payment for which the PAC is issued has been fulfilled by Embark Student Corp. as a condition to honouring a PAC issued or caused to be issued by Embark Student Corp. on my account.
10. A PAC may be disputed by me under the following conditions:
i. the PAC was not drawn in accordance with my Authorization; or
ii. the authorization was revoked.

I understand the above and give Embark Student Corp. the authority to withdraw contribution(s) from the account identified in the above banking information

Name of Corporate Officer

Corporate Officer Signature

Date (YYYY/MM/DD)

1Based on start date and will be processed on the same day every two weeks.
2Based on start date and will be processed on the same date each month.
3Based on start date and will be processed on the same date each year.
4Based on start date and will be processed once.