Solium FINANCIAL
a division of Solium Capital, Inc.

Designation of Additional Beneficiaries Under RESP/ESP Family Plan

Investment Advisor

Account Number

(THIS FORM MUST BE ATTACHED TO THE SELF-DIRECTED EDUCATION SAVINGS PLAN-FAMILY BENEFICIARY PLAN APPLICATION FOR THE SUBSCRIBER(S) LISTED BELOW)

Promoter to tick applicable box ☐ **ESP** (plan not currently registered ☐ **RESP** (registered plan)

Subscriber(s) Provide the following information exactly as set out in the Application attached hereto.

Mr. Mrs. Ms. First Name Initial Last Name — Social Insurance Number

(Complete only if spouse or common-law partner is to be a joint Subscriber.)

Mr. Mrs. Ms. First Name Initial Last Name — Social Insurance Number

Beneficiary(ies)

Note: Each beneficiary must be connected by blood relationship or adoption to the Subscriber and must be under the age of 21 unless the individual was a beneficiary under another Family RESP immediately before this designation.

The following person is designated as beneficiary:

Mr. Mrs. Ms. First Name Initial Last Name — Social Insurance Number

Residential Address
(Street No. & Name / Physical address required) Apt. No.

City Province Postal Code Date of Birth (mm/dd/yy)

Sex: ☐Female ☐Male Relationship to the Subscriber

Parent/Guardian
Mr. Mrs. Ms. First Name Initial Last Name

Residential Address
(Street No. & Name / Physical address required) Apt. No.

Province Postal Code

The following person is designated as beneficiary:

Mr. Mrs. Ms. First Name Initial Last Name — Social Insurance Number

Residential Address
(Street No. & Name / Physical address required) Apt. No.

City Province Postal Code Date of Birth (mm/dd/yy)

Sex ☐Female ☐Male Relationship to the Subscriber

Parent/Guardian
Mr. Mrs. Ms. First Name Initial Last Name

Residential Address
(Street No. & Name / Physical address required) Apt. No.

City Province Postal Code

The following person is designated as beneficiary:

Mr. Mrs. Ms. First Name Initial Last Name — Social Insurance Number

Residential Address
(Street No. & Name / Physical address required) Apt. No.

City Province Postal Code Date of Birth (mm/dd/yy)

Sex ☐Female ☐Male Relationship to the Subscriber

Parent/Guardian
Mr. Mrs. Ms. First Name Initial Last Name

Residential Address
(Street No. & Name / Physical address required) Apt. No.

City Province Postal Code