



# ANNEX A - Additional Beneficiaries

APPLICATION: Basic and Additional Canada Education Savings Grant (CESG) and Canada Learning Bond (CLB)

**Instructions:**

1. This annex is to be completed by the Custodial Parent/Legal Guardian of the Beneficiaries.
2. If there are cousins in the Registered Education Savings Plan (RESP), a separate copy of the annex must be completed by each Custodial Parent/Legal Guardian for their children. However, note that all Beneficiaries named to the RESP must be siblings in order to receive the Additional CESG and the CLB.
3. Keep a copy for your records.

RESP Provider	RESP Contract No.
<input type="text"/>	<input type="text"/>
Subscriber's Name (Family Name, Given Name)	Custodial Parent/Legal Guardian's Name (Family Name, Given Name)
<input type="text"/>	<input type="text"/>

## A-1 Information About the Beneficiaries

The **Beneficiaries** are the children named by the Subscriber who will receive money to help pay for their post-secondary education if they qualify under the terms of the RESP.

**IMPORTANT:** Ensure that each **Beneficiary's** name is entered exactly as it appears on their SIN documentation.

Beneficiary's Family Name (last name) <input type="text"/>	Beneficiary's Given Name (first name) <input type="text"/>
Date of Birth (yyyy/mm/dd) <input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance Number <input type="text"/>	

  

Beneficiary's Family Name (last name) <input type="text"/>	Beneficiary's Given Name (first name) <input type="text"/>
Date of Birth (yyyy/mm/dd) <input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance Number <input type="text"/>	

  

Beneficiary's Family Name (last name) <input type="text"/>	Beneficiary's Given Name (first name) <input type="text"/>
Date of Birth (yyyy/mm/dd) <input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance Number <input type="text"/>	

  

Beneficiary's Family Name (last name) <input type="text"/>	Beneficiary's Given Name (first name) <input type="text"/>
Date of Birth (yyyy/mm/dd) <input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance Number <input type="text"/>	

*For more than five Beneficiaries, attach additional copies of this annex.*