

- DESIGNATION OF OTHER BENEFICIARY(IES)** (Complete sections 1, 2 and 4 of the present form, if the space provided in section 3 of the self-directed RESP (F.19555-702) application is insufficient)
- ADDITION OR WITHDRAWAL OF BENEFICIARY(IES), MODIFICATION TO DISTRIBUTION** (Complete sections 1, 2 and 4)
- TRANSFER FROM A NATIONAL BANK DIRECT BROKERAGE INDIVIDUAL RESP ACCOUNT(S) TO A FAMILY RESP ACCOUNT** (Complete sections 1, 3 and 4)

**1. INFORMATION ON SUBSCRIBER**

_____	_____	_____
First Name of Subscriber	Surname of Subscriber	Social Insurance Number
_____	_____	_____
First Name of Cosubscriber (if applicable)	Surname of Cosubscriber (if applicable)	Social Insurance Number

**2. DESIGNATION OF BENEFICIARY(IES) AND DISTRIBUTION OF CONTRIBUTIONS**

If you use more than one copy of F.16465-702, please indicate the number of forms attached (including this one): \_\_\_\_\_

Note: Each beneficiary must be related to the Subscriber and the Cosubscriber, if applicable, by blood or adoption.  
If you do not specify any distribution, contributions will automatically be distributed equally among the Family RESP account's beneficiaries.  
However, if you specify a distribution, make sure that the percentages total 100% for the entirety of the Family RESP account's beneficiaries.

**A.**

_____	_____	_____	_____
First Name of Beneficiary	Surname of Beneficiary	Social Insurance Number	Date of Birth (MM DD YYYY)
_____	_____	_____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home Address (If under 19, address of parent or guardian)		Relationship to Subscriber	

Additional  Withdrawal  Modification to Distribution \_\_\_\_\_  
First Name and Surname of Parent, Guardian or Public Primary Caregiver

Distribution of contributions made to the plan (if Beneficiaries are not receiving Equal Shares): \_\_\_\_\_ %

Would you like your plan trustee to request grants for the beneficiary on your behalf?  Yes \*  No

**B.**

_____	_____	_____	_____
First Name of Beneficiary	Surname of Beneficiary	Social Insurance Number	Date of Birth (MM DD YYYY)
_____	_____	_____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home Address (If under 19, address of parent or guardian)		Relationship to Subscriber	

Additional  Withdrawal  Modification to Distribution \_\_\_\_\_  
First Name and Surname of Parent, Guardian or Public Primary Caregiver

Distribution of contributions made to the plan (if Beneficiaries are not receiving Equal Shares): \_\_\_\_\_ %

Would you like your plan trustee to request grants for the beneficiary on your behalf?  Yes \*  No

**C.**

_____	_____	_____	_____
First Name of Beneficiary	Surname of Beneficiary	Social Insurance Number	Date of Birth (MM DD YYYY)
_____	_____	_____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home Address (If under 19, address of parent or guardian)		Relationship to Subscriber	

Additional  Withdrawal  Modification to Distribution \_\_\_\_\_  
First Name and Surname of Parent, Guardian or Public Primary Caregiver

Distribution of contributions made to the plan (if Beneficiaries are not receiving Equal Shares): \_\_\_\_\_ %

Would you like your plan trustee to request grants for the beneficiary on your behalf?  Yes \*  No

**\* Note:** If so, complete and attach the *Basic and Additional Canada Education Savings Grant and Canada Learning Bond Application* (Government form Number HRSDC SDE-0071) or *Basic and Additional Canada Education Savings Grant and Canada Learning Bond Application - Subscriber(s) Only* (Government form Number HRSDC SDE-0073) and the *Alberta Request of the Grant (Alberta Centennial Education Savings Grant)* (Government form ACES1) if applicable.

**3. ACCOUNT TRANSFER(S) (Internal National Bank Direct Brokerage Account)**

From Individual RESP Account(s) Number: \_\_\_\_\_

To Family RESP Account Number: \_\_\_\_\_

**4. IMPORTANT NOTICE**

I understand that this family plan must be terminated at the latest on the last day of the 35th year following the original date on which it was set up and that beneficiary addition in subsequent years will not alter the plan's expiry date. However, the transfer of Individual RESP Account(s) may have an incidence on contribution's history and the original date on which the account was set up.

_____	_____
Date (MM DD YYYY)	Signature of Subscriber
_____	_____
First Name of Subscriber	Surname of Subscriber
_____	_____
Date (MM DD YYYY)	Signature of Cosubscriber
_____	_____
First Name of Cosubscriber (if applicable)	Surname of Cosubscriber (if applicable)