

# Registered education savings plan (RESP) transfer SDE 0050

## REGISTERED EDUCATION SAVINGS PLAN (RESP) TRANSFER

Complete this form to request and record a transfer between RESPs.  
Please read the guidelines carefully before completing this form.

A - GENERAL INFORMATION	
<b>Area I – Subscriber Information</b>	
Family Name	Telephone Number
Address	Social Insurance Number
City	Relationship to beneficiary of receiving plan
Joint Subscriber	Social Insurance Number
<b>Area II – Beneficiary Information</b>	
<b>Receiving Plan</b>	
Family Name	Given Name
Social Insurance Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> The beneficiary name is the same as the beneficiary of the sending RESP and is under 21 years of age. <input type="checkbox"/> Neither of the above. (If you tick this box, the CEGIS, CLB and Provincial Grant may have to be repaid and you may be in an overcontribution situation for tax purposes.)	
<b>Sending Plan</b>	
<input type="checkbox"/> Beneficiary is named under the receiving plan above, OR enter information below:	
Family Name	Date of Birth
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Area III – Subscriber Authorization and Instructions to Transfer</b>	
Please transfer the amount of: \$ _____ OR <input type="checkbox"/> the balance of my account <input type="checkbox"/> In cash OR <input type="checkbox"/> in kind	
from RESP Contract Number: _____ to RESP Contract Number: _____	
<ul style="list-style-type: none"> <li>• This information is provided to you under the <i>Canada Education Savings Act</i> and may be used for program policy analysis, research and program evaluation purposes.</li> <li>• The information may also be shared with the Canada Revenue Agency to administer the RESP under the <i>Income Tax Act</i>.</li> <li>• Once under the care and control of HRSDC your information is administered in accordance with the <i>Privacy Act</i>, the <i>Canada Education Savings Act</i> and the <i>Department of Human Resources Development Act</i>.</li> <li>• The <i>Privacy Act</i> gives you the right to access your personal information. Instructions for making formal requests are outlined in the publication <i>Info Source</i>, copies of which are located at all Human Resources Centres or at the following internet address: <a href="http://infosource.nrc.ca">http://infosource.nrc.ca</a>.</li> <li>• Your personal information will be used for the processing of the transfer or result in the completion of the transfer.</li> </ul>	
Subscriber's Signature	Date
Joint Subscriber's Signature (if applicable)	Date

**Area 1**  
Complete the information on the subscriber and, if applicable, the joint subscriber

**Area 2**  
Complete the information on the beneficiary

**Area 3**  
Complete the information regarding the transfer.

**Indicate the account number of the transferor**

**Indicate the NBDB account number**

**The subscriber and/or joint subscriber must sign and date the request**

B – RECEIVING RESP INFORMATION						
Promoter Name and Address	Specimen Plan Number (assigned by CRA)					
	RESP Contract Number (assigned by Promoter)					
<input type="checkbox"/> Brothers/Sisters Only Family <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Group						
<b>Transfer Eligibility Information</b>						
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/> Does the receiving RESP comply with the current conditions for registration as set out by the <i>Income Tax Act</i> ?					
<input type="checkbox"/>	<input type="checkbox"/> Is the plan registered under the <i>Income Tax Act</i> ?					
<input type="checkbox"/>	<input type="checkbox"/> Do you, the receiving promoter and your trustee, currently have signed agreements with HRSDC to administer the CEGS?					
<input type="checkbox"/>	<input type="checkbox"/> Do you, the receiving promoter and your trustee, currently have signed agreements with HRSDC to administer the CLB?					
<input type="checkbox"/>	<input type="checkbox"/> Do you, the receiving promoter and your trustee, currently have signed agreements with HRSDC to administer Provincial					
receiving plan, are they all brothers or sisters?						
Telephone Number	Fax Number					
Date						
C - SENDING RESP INFORMATION						
Promoter Name and Address	Specimen Plan Number					
	RESP Contract Number (assigned by Promoter)					
Date of Transfer	RESP Type: <input type="checkbox"/> Brothers/Sisters Only Family <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Group					
<b>Transfer Eligibility Information</b>						
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/> Has an Accumulated Income Payment					
<input type="checkbox"/>	<input type="checkbox"/> Has this plan ever received Additional Contributions					
<input type="checkbox"/>	<input type="checkbox"/> Does this transfer include CLB?					
<input type="checkbox"/>	<input type="checkbox"/> Does this transfer include Provincial Grant					
<b>Year-to-date and Lifetime Contributions</b>						
Contributions paid per beneficiary this year (attach separate page for additional beneficiaries)						
\$ _____						
Contributions paid per beneficiary during lifetime (attach separate page for additional beneficiaries)						
\$ _____						
<b>Notional Account Balances and Market Value</b>						
Unassisted Contributions	Assisted Contributions	CESG	Provincial Grant	CLB	Accumulated Income	Total Market Value of Assets being Transferred
Up to 1998	1998 & After					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Pending Application for CLB, CEGS, or Provincial Grant</b>						
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	Is there a pending application for CLB, CEGS, or Provincial Grant?				
I certify that a beneficiary named in Area II above is a beneficiary under the sending plan.						
Name of Authorized Promoter Representative			Telephone Number		Fax Number	
Authorized Promoter Representative's Signature					Date	

**DO NOT** complete part B  
(For internal use by NBDB)

**C**  
**Identification of transferor**  
Indicate the name and address of the financial institution.

**Indicate the account number of the transferor**

**Tick the type of RESP**

**DO NOT** complete the shaded areas, which are for the transferor and NBDB only.