



Higher Learning RESP Beneficiary Addition/Change Form

Once form is completed please forward to CIBC Investor Services Inc.

CIBC Investor Services Inc.
Transit 3202
Client File Administration
161 Bay Street, 4th Floor
Toronto, ON M5J 2S8

Title	Subscriber's First Name	Subscriber's Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Joint Subscriber's First Name	Joint Subscriber's Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Imperial Investor Service CIBC Financial Planning CIBC Investor's Edge Account Number

Registered Education Savings Plans (RESP) Family Plan: Are all of the beneficiaries siblings? Yes No

Beneficiary Information

Beneficiary 1

Add Beneficiary* Remove Beneficiary Change Allocation Update Information

First Name	Middle Name	Last Name	Birth Date (Month day, year)	Allocation per contribution(%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Same as Subscriber named above OR

Address (street no. and name)	Apartment Number	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender	Relationship to Subscriber	Occupation	Social Insurance Number (Mandatory)
<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mandatory if beneficiary is under 19 years of age and the subscriber is not the parent or legal guardian.

Name of Parent or Guardian (if the relationship is not parent or guardian)	Parent/Guardian Social Insurance Number (SIN)	Residency
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (street no. and name)	Apartment Number	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 2

Add Beneficiary* Remove Beneficiary Change Allocation Update Information

First Name	Middle Name	Last Name	Birth Date (Month day, year)	Allocation per contribution(%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Same as Subscriber named above OR

Address (street no. and name)	Apartment Number	City	Province/Territory	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Gender <input type="radio"/> Male <input type="radio"/> Female	Relationship to Subscriber	Occupation	Social Insurance Number (Mandatory)
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Mandatory if beneficiary is under 19 years of age and the subscriber is not the parent or legal guardian.

Name of Parent or Guardian (if the relationship is not parent or guardian)	Parent/Guardian Social Insurance Number	Residency
Address (street no. and name)		Postal Code
Apartment Number	City	Province/Territory

To add or update information for additional beneficiaries, please complete another copy of this form

(Higher Learning RESP Beneficiary Addition/Change Form 8380). Check here if additional form attached.

(Optional)

If you do not indicate a % allocation for each beneficiary, allocations will be distributed evenly among beneficiaries. Total allocations must equal 100%.

Beneficiary (please print names)	Allocation %
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
TOTAL	100%

Date (Month day, year)	X		X	
		Subscriber's Signature (sign within box)		Joint Subscriber's Signature (sign within box)

Date (Month day, year)	X	
		CIBC Investor Services Inc. Acknowledgement (sign within box)

***Complete form SDE 0093 A-B along with a photocopy of the beneficiary's Social Insurance Number card is required to add a new beneficiary.**