

**REGISTERED EDUCATION SAVINGS PLAN (RESP) TRANSFER FORM**  
**Part A: Subscriber request**

 **ATTENTION: IMPORTANT INFORMATION ABOUT RESP TRANSFER**

- This Part A is to be completed by the subscriber(s) of an existing BMO RESP plan in order to initiate the transfer of an RESP from another financial institution to BMO.
- The client &/or the Financial Advisor should read "Your privacy rights", "Definitions", "General Information", "Transfer policies" and "Transfer eligibility information" sections on Part A before completing this form.
- "Receiving RESP" means the financial institution **to** which the RESP is transferring.
- "Relinquishing RESP" means the financial institution **from** which the RESP is transferring.
- Upon receipt of this completed Part A from the client, the Financial Advisor must review this form and ensure all required information and the signature(s) of the subscriber(s) are present.
- The Financial Advisor must also complete Part B and Annex 1 (if applicable) attached. Send all completed Parts A, B & Annex 1 (if applicable) to BMO in order to facilitate the transfer of the RESP from the relinquishing financial institution.
- Notify the client that an administrative, transfer, or other fee may be applied by the relinquishing institution and that the amount and type of any such fees should be confirmed with that institution.

**Note:**

- Ensure there is an existing RESP account in order to receive the funds from another financial institution. If not, open a new RESP account prior to requesting the transfer in from another financial institution.
- For new accounts, complete Form 2002 BMO Education Savings Plan (Advisor). Send both completed Forms 2002 and 2035 to BMO.
- Part C (RESP Transfer Form – Relinquishing promoter) attached to this form is **not** required to be completed by client or Financial Advisor as it will be provided by the relinquishing promoter once transfer is complete.



# REGISTERED EDUCATION SAVINGS PLAN (RESP) TRANSFER FORM

## Part A: Subscriber request

This form is valid only if completed, signed, dated and given to the receiving RESP promoter.

**Do NOT send directly to Employment and Social Development Canada.**

| 1 Information about the subscriber             |  |  |                    |
|--|--|--|--------------------|
| Family name (last name) or Agency name         |  | Given name (first name)                                  |                    |
| Subscriber or Agency address                   |  | City   | Province/Territory |
| Joint subscriber's family name (if applicable) |  | Joint subscriber's given name                            |                    |
|  |  | Social Insurance Number or Agency Business Number        |                    |
|  |  | Postal code  |                    |
|  |  | Joint subscriber's Social Insurance Number (999 999 999) |                    |

| 2 Transfer eligibility information   |
|--|
| <input type="radio"/> The relinquishing and receiving RESPs have a common beneficiary.<br><b>or</b><br><input type="radio"/> A beneficiary named in the relinquishing RESP is a brother or sister of a beneficiary in the receiving RESP, <b>and</b> <ul style="list-style-type: none"> <li><input type="radio"/> the receiving RESP is a <b>family RESP</b>;</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li><input type="radio"/> the receiving RESP is an <b>individual RESP</b> and the beneficiary named in the receiving RESP was under 21 years of age when the receiving RESP was entered into.</li> </ul> <b>or</b><br><input type="radio"/> Neither of the above. If you check this box, the Canada Education Savings Grant (CESG), the Canada Learning Bond (CLB), and/or the British Columbia Training and Education Savings Grant (BCTESG) may have to be repaid and you may be in an over-contribution situation for tax purposes. |
| <b>Refer to section 9 for more information on transfer eligibility.</b>  |

| 3 Transfer instructions   |  |  |   |   |
|---|--|--|---|---|
| Only the contract number assigned by the promoter is to be entered on this form; no temporary contract numbers. | From RESP contract number (relinquishing promoter) |  | To RESP contract number (receiving promoter)                                      |   |
|   | Relinquishing promoter name and address            |  | Receiving promoter name and address   |   |
|   |  |  | Dealer/advisor code (optional)  |   |
| You may authorize a full or partial transfer.   | <input type="radio"/> Full transfer                | Transfer the balance of my account <input type="radio"/> in cash <b>OR</b> <input type="radio"/> in kind |   |   |
|   |  | <input type="checkbox"/> Close the RESP  |   |   |
|   | <input type="radio"/> Partial transfer             | Transfer (not including CLB or BCTESG)   | \$  | <b>OR</b> % <input type="radio"/> in cash <b>OR</b> <input type="radio"/> in kind |
|   |  | CLB to be transferred  | \$  | <b>OR</b> % <input type="radio"/> in cash <b>OR</b> <input type="radio"/> in kind |
| BCTESG to be transferred  |  | \$   | <b>OR</b> % <input type="radio"/> in cash <b>OR</b> <input type="radio"/> in kind |   |
| <b>Optional</b>   | Redemption instructions for partial transfer only. |  |   |   |
|   | Investment code/Name (optional)                    |  | Amount (optional)   |   |
|   |  |  | \$  |   |
|   |  |  | \$  |   |
|   |  | \$   |   |   |

To be kept by receiving RESP promoter

Ce formulaire est disponible en français



## 4 Declaration and consent

I certify that the information provided on this form is accurate to the best of my knowledge.

I understand that if the transfer eligibility conditions are not met, some or all of the grants and/or the CLB will be repaid, and that except for the CLB, the grant room will not be restored.

I understand that the *Privacy Act* gives me (or my authorized representative) the right to access or request correction to my personal information kept in the government file.

I confirm that I have read and understood this document, including my privacy rights found in section 5, and I consent to the use and sharing of my personal information.

I opt to proceed with this request and I authorize the receiving RESP promoter to request the transfer of the RESP assets as instructed in section 3 of this form.

I understand that failure to complete and sign this form will result in the non-processing of the transfer.

|  |                   |
|--|-------------------|
| Subscriber's signature                       | Date (yyyy/mm/dd) |
| Joint subscriber's signature (if applicable) | Date (yyyy/mm/dd) |

## 5 Your privacy rights

This section explains how your information is used, shared and protected. It also explains how you can access your personal information.

Your information is collected under the authority of the *Department of Employment and Social Development Act*, the *Canada Education Savings Act* and the *Income Tax Act* for the administration of education savings incentives. We collect the Social Insurance Number (SIN) under the authority of the *Canada Education Savings Act*. The subscriber and joint subscriber SINS will be used as the primary identifier for the purpose of processing the transfer.

Submitting this form is voluntary. However, we will be unable to process the transfer of RESP assets if you do not provide the required information.

Your information may be used by and shared between the following parties for the administration of the *Canada Education Savings Act* and the *Income Tax Act*: ESDC, the Canada Revenue Agency, the trustee, RESP promoters and their agents.

Information may also be disclosed to Statistics Canada for research and statistical purposes. However, this additional use will never result in an administrative decision being made about you.

You have the right to the protection of, access to, and correction of your personal information. Your information is described in the personal information bank ESDC PPU 506 Canada Education Savings Program. Instructions for obtaining this information are outlined in the government publication, [Information about Programs and Information Holdings](https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings), which is available online at: [canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings](https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings). The publication is accessible online at any Service Canada Centre.

You have the right to file a complaint with the [Office of the Privacy Commissioner of Canada](https://www.priv.gc.ca/en/office-of-the-privacy-commissioner-of-canada) regarding ESDC's handling of your information at [priv.gc.ca/en/report-a-concern](https://www.priv.gc.ca/en/report-a-concern).

## 6 Definitions

These definitions are provided for your information only and do not constitute the legal definitions. In the event of a discrepancy, the legal definitions found in the *Income Tax Act* or the *Canada Education Savings Act* shall prevail.

**Beneficiary:** Usually a child, but can be any person named by the subscriber of an RESP.

**Brother or sister:** A brother or sister in relation to a beneficiary includes a son/daughter of the common-law partner or spouse of a parent of the beneficiary.

**Canada Education Savings Grant (CESG):** Includes a basic amount of CESG (Basic CESG) and may include an additional amount of CESG (Additional CESG).

- **Basic CESG** is a payment of 20% on the first \$2,500 of annual RESP contributions made on behalf of an eligible beneficiary, up until the end of the calendar year in which the beneficiary turns 17.
- **Additional CESG** is an additional payment of either 10% or 20% on the first \$500 of annual RESP contributions made on or after January 1, 2005, on behalf of an eligible beneficiary, up until the end of the calendar year in which the beneficiary turns 17 years old.

**Notional Account:** For tracking purposes, a separate account that identifies the value of each monetary component of the RESP, including contributions, earnings, CESG, CLB and BCTESG. RESP notional accounts are the theoretical value of an RESP, which may not reflect the actual value of plan assets.

**Receiving promoter:** means the RESP promoter, as agent of the trustee, who will be receiving the transferred assets (in cash or in kind) from the relinquishing promoter.

**Relinquishing promoter:** means the RESP promoter, as agent of the trustee, who will be sending the transferred assets (in cash or in kind) to the receiving promoter.

To be kept by receiving RESP promoter

Ce formulaire est disponible en français



| <b>7 General information</b>   |  |
|--|--|
| <b>Transfer form</b>   | <p>The transfer form consists of three parts and one annex:</p> <p><b>Part A</b> is completed by the subscriber to request the transfer and is kept by the receiving promoter.</p> <p><b>Part B</b> is completed by the receiving promoter and is sent to the relinquishing promoter along with a copy of the completed Part A and Annex 1 (as applicable).</p> <p><b>Part C</b> is completed by the relinquishing promoter and is sent to the receiving promoter along with Annex 1 (as applicable).</p>  |
| <b>8 Transfer policies</b>   |  |
| <b>A to B transfer<br/>Additional CESG</b>                                 | <p>If the receiving promoter does not offer the Additional CESG, and there is Additional CESG in the relinquishing RESP, the receiving promoter must agree prior to the transfer to:</p> <ul style="list-style-type: none"> <li>• Administer the rules of the Additional CESG defined under the <i>Canada Education Savings Regulations</i>;</li> <li><b>and</b></li> <li>• Report the presence of the Additional CESG in the RESP in subsequent transfers.</li> </ul> <p>If the receiving promoter does not agree, all the Basic <b>and</b> Additional CESG in the relinquishing RESP must be repaid prior to the transfer.</p> <p><b>Note:</b> Repayment of the CESG will result in the loss of the beneficiary's grant room, which cannot be restored.</p>  |
| <b>BCTESG Transfer Policy</b>  | <p>The BCTESG is not required to be transferred in the same proportion as the other notional account balances being transferred. (Refer to <b>section 9 – Partial transfer</b> below)</p>  |
| <b>Pre-transfer repayment</b>  | <p>If one or more of the following grants or bond held in the relinquishing RESP cannot be transferred, the grant(s) and/or bond that makes the transfer ineligible must be repaid in full prior to the transfer, regardless if it is a full or partial transfer:</p> <ul style="list-style-type: none"> <li>• Canada Education Savings Grant (CESG)*</li> <li>• Canada Learning Bond (CLB)**</li> <li>• British Columbia Training and Education Savings Grant (BCTESG)***</li> </ul> <p><b>*Additional CESG:</b> See the A to B transfer policy above regarding the transfer of the Additional CESG to a non-offering promoter.</p> <p><b>**</b> The <b>CLB</b> can remain in the relinquishing RESP if the subscriber does not wish to transfer it.</p> <p><b>***</b> The <b>BCTESG</b> can remain in the relinquishing RESP if the subscriber does not wish to transfer it.</p> <p><b>Note:</b> Repayment of the CESG and/or BCTESG will result in the loss of the beneficiary's grant room, which cannot be restored.</p>  |
| <b>9 Transfer eligibility information</b>                                  |  |
| <b>Accumulated income payment</b>  | <p>If an accumulated income payment has been made from the relinquishing RESP, the transfer is not permitted under the <i>Income Tax Act</i>.</p>  |
| <b>Partial transfer</b>  | <p>Subscribers must transfer the same proportion from each of the notional account balances, with the exception of the CLB and the BCTESG. For example, if 50% of the CESG is transferred, then 50% of all other notional account balances (with the exception of the CLB and the BCTESG), must also be transferred. Subscribers can choose to transfer all, some or none of the CLB and the BCTESG.</p>   |
| <b>Canada Education Savings Grant (CESG)<br/>Basic and Additional CESG</b> | <p>The following conditions must be satisfied for an eligible transfer of the CESG:</p> <ol style="list-style-type: none"> <li>(1)             <ol style="list-style-type: none"> <li>(a) The relinquishing and receiving RESPs have a common beneficiary.                 <ul style="list-style-type: none"> <li><b>or</b></li> <li>(b) A beneficiary named in the relinquishing RESP is a brother or sister of a beneficiary in the receiving RESP.                     <ul style="list-style-type: none"> <li><b>and</b></li> <li>The receiving RESP is a family plan.                         <ul style="list-style-type: none"> <li><b>or</b></li> <li>(c) A beneficiary named in the relinquishing RESP is a brother or sister of a beneficiary in the receiving RESP.                             <ul style="list-style-type: none"> <li><b>and</b></li> <li>The receiving RESP is an individual (non-family) plan.                                 <ul style="list-style-type: none"> <li><b>and</b></li> <li>The beneficiary named in the receiving RESP was under 21 years of age when the receiving RESP was entered into.</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> <li>(2)                 <ol style="list-style-type: none"> <li>(a) The receiving RESP is an individual (non-family) plan or a family plan in which every beneficiary is a brother or sister of every other beneficiary.                     <ul style="list-style-type: none"> <li><b>or</b></li> <li>(b) No Additional CESG has been paid into the relinquishing RESP.</li> </ul> </li> </ol> </li> <li>(3) The receiving RESP complies with all conditions applicable to registering Education Savings Plans (ESPs) since January 1, 1999, as required by the <i>Income Tax Act</i>.</li> <li>(4) The receiving promoter must have a valid agreement with ESDC to offer the CESG.</li> </ul></li></ol> <p><b>See also: A to B transfer policy above about transferring Additional CESG to a non-offering promoter.</b></p> </li></ol> |

To be kept by receiving RESP promoter

Ce formulaire est disponible en français



|  |  |
|--|--|
| <p><b>Canada Learning Bond (CLB)</b></p>                                     | <p>The CLB does not need to be transferred in the same proportion as the grants being transferred. All, part, or none of the CLB can be transferred.</p> <p>The following conditions must be satisfied for an eligible transfer of the CLB:</p> <ul style="list-style-type: none"> <li>(1) Both CLB accounts (relinquishing and receiving) are in respect of the same beneficiary.</li> <li>(2) At the time of the transfer, the receiving RESP has only one named beneficiary or, where there is more than one, every beneficiary is a brother or sister of every other beneficiary.</li> <li>(3) The receiving RESP complies with all conditions applicable to registering Education Savings Plans (ESPs) since January 1, 1999, as required by the <i>Income Tax Act</i>.</li> <li>(4) The receiving promoter must have a valid agreement with ESDC to offer the CLB.</li> </ul>  |
| <p><b>British Columbia Training and Education Savings Grant (BCTESG)</b></p> | <p>The BCTESG does not need to be transferred in the same proportion as the grants or bond being transferred. All, part, or none of the BCTESG can be transferred.</p> <p>The following conditions must be satisfied for an eligible transfer of the BCTESG:</p> <ul style="list-style-type: none"> <li>(1) (a) The relinquishing and receiving RESPs have a common beneficiary.<br/><b>or</b><br/>(b) A beneficiary named in the relinquishing RESP is a brother or sister of a beneficiary in the receiving RESP.<br/><b>and</b><br/>The receiving RESP is a family plan.<br/><b>or</b><br/>(c) A beneficiary named in the relinquishing RESP is a brother or sister of a beneficiary in the receiving RESP.<br/><b>and</b><br/>The receiving RESP is an individual (non-family) plan.<br/><b>and</b><br/>The beneficiary named in the receiving RESP was under 21 years of age when the receiving RESP was entered into.</li> <li>(2) The receiving RESP is an individual (non-family) plan or a family plan in which every beneficiary is a brother or sister of every other beneficiary.</li> <li>(3) The receiving RESP complies with all conditions applicable to registering Education Savings Plans (ESPs) since January 1, 1999, as required by the <i>Income Tax Act</i>.</li> <li>(4) The receiving promoter must have a valid agreement with ESDC to offer the BCTESG.</li> </ul> |

**Where to get more information about the Canada Education Savings Program:**

**Phone:** 1 888 276-3624 / 1 866 260-7723 for TTY users only

**E-mail:** [cesp-pcee@hrsdcc-rhdcc.gc.ca](mailto:cesp-pcee@hrsdcc-rhdcc.gc.ca)

**Internet:** [www.canada.ca/RESPresources](http://www.canada.ca/RESPresources)

To be kept by receiving RESP promoter

Ce formulaire est disponible en français

**REGISTERED EDUCATION SAVINGS PLAN (RESP) TRANSFER FORM**  
**Part B: Receiving promoter**

- This Part B is to be completed by the Financial Advisor.
- Send all completed Parts A, B and Annex 1 (if applicable) to BMO in order to facilitate the transfer of the RESP from the relinquishing financial institution. BMO will sign as an “Authorized RESP Promoter Representative” in Section 6 (Certification) and submit Form 2035 to the relinquishing financial institution.
- If the RESP plan contains more than 3 beneficiaries, also complete “Annex 1: Additional beneficiaries” form.
- For Section 2 (Information about the receiving RESP):

| Plan Type       | Specimen Plan Number | Contract Numbers        |
|-----------------|----------------------|-------------------------|
| Family Plan     | 101 8002             | BMO RESP Account Number |
| Individual Plan | 101 8003             | BMO RESP Account Number |

- Notify the client that an administrative, transfer, or other fee may be applied by the relinquishing institution and that the amount and type of any such fees should be confirmed with that institution.

**Note:**

- Part C (RESP Transfer Form – Relinquishing promoter) attached to this form is **not** required to be completed by the client or Financial Advisor as it will be provided by the relinquishing promoter once transfer is complete.

® “ BMO (M-bar roundel symbol) “ is a registered trademark of Bank of Montreal, used under licence.



# REGISTERED EDUCATION SAVINGS PLAN (RESP) TRANSFER FORM

## Part B: Receiving promoter

### 1 Information about the receiving promoter

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| Promoter's name |                    |                                 |
| Address         |                    |                                 |
| City            | Province/Territory | Postal code                     |
| Contact name    |                    | Telephone number (999) 999-9999 |

### 2 Information about the receiving RESP

|  |                 |   |
|--|-----------------|---|
| Specimen plan number                           | Contract number | RESP type <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/> Group |
| Subscriber's family name <b>or</b> Agency name |                 | Subscriber's given name   |
| Joint subscriber's family name (if applicable) |                 | Joint subscriber's given name   |

### 3 Information about the beneficiaries

| Beneficiary                              | Beneficiary 1  | Beneficiary 2  | Beneficiary 3  |
|--|--|--|--|
| Family name                              |  |  |  |
| Given name                               |  |  |  |
| Gender                                   | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender |
| Social Insurance Number<br>(999 999 999) |  |  |  |
| Date of birth (yyyy/mm/dd)               |  |  |  |

|  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Insert a checkmark if there are additional beneficiaries (complete Annex 1) | Total number of beneficiaries _____ |
|--|-------------------------------------|

Send to relinquishing promoter with a copy of Part A and Annex 1 (as applicable)

Ce formulaire est disponible en français



## 4 Transfer eligibility information

|   |  |
|---|--|
| 1. Does the receiving RESP comply with the conditions for registration, as required under the <i>Income Tax Act</i> ?   | <input type="radio"/> YES <input type="radio"/> NO |
| 2. Do you, the receiving promoter and your trustee, have a signed agreement with ESDC to offer education savings incentives administered by ESDC? If yes, indicate which incentives you offer:  | <input type="radio"/> YES <input type="radio"/> NO |
| a) the basic amount of Canada Education Savings Grant (Basic CESG)  | <input type="radio"/> YES <input type="radio"/> NO |
| b) the additional amount of Canada Education Savings Grant (Additional CESG)  | <input type="radio"/> YES <input type="radio"/> NO |
| i) If you <b>do not</b> offer the Additional CESG and it exists in the relinquishing RESP, do you, the receiving promoter, agree to administer the rules of the Additional CESG? ( <b>See section 8: A to B Transfer policy in Transfer form Part A</b> ) | <input type="radio"/> YES <input type="radio"/> NO |
| c) the Canada Learning Bond (CLB)   | <input type="radio"/> YES <input type="radio"/> NO |
| d) the British Columbia Training and Education Savings Grant (BCTESG)   | <input type="radio"/> YES <input type="radio"/> NO |
| 3. Is the receiving RESP either an individual plan or a family plan in which all beneficiaries are brothers and sisters (no cousins)?   | <input type="radio"/> YES <input type="radio"/> NO |

## 5 Privacy

The information provided in this form will be shared with the relinquishing promoter for the purposes of processing this transfer. Personal information will be handled in accordance with the privacy legislation in the respective jurisdictions. The transfer is also subject to *The Personal Information Protection and Electronic Documents Act* (PIPEDA). PIPEDA provides every person with a right of access to information under the control of the receiving promoter and/or the relinquishing promoter, subject to a limited set of exemptions.

## 6 Certification

I certify that to the best of my knowledge, the information given on this form and the attached **Annex 1 - Additional beneficiaries** (if applicable) is accurate and complete.

|  |                                 |                           |
|--|---------------------------------|---------------------------|
| Name of authorized RESP promoter representative      | Telephone number (999) 999-9999 | Fax number (999) 999-9999 |
| Signature of authorized RESP promoter representative |                                 | Date (yyyy/mm/dd)         |

**Where to get more information about the Canada Education Savings Program:**  
**Phone:** 1 888 276-3624 / 1 866 260-7723 for TTY users only  
**E-mail:** [cesp-pcee@hrsdcc.gc.ca](mailto:cesp-pcee@hrsdcc.gc.ca)  
**Internet:** [www.canada.ca/RESPresources](http://www.canada.ca/RESPresources)

Send to relinquishing promoter with a copy of Part A and Annex 1 (as applicable)

Ce formulaire est disponible en français



# REGISTERED EDUCATION SAVINGS PLAN (RESP) TRANSFER FORM

## Annex 1: Additional beneficiaries

1. Each promoter is to complete their respective copy of Annex 1 and provide their respective information.
2. Attach additional copies of this annex as required.

### 1 Information about the promoter

|                 |   |
|-----------------|---|
| Promoter's name |   |
| Contract number | Completed by: <input type="radio"/> Receiving promoter <input type="radio"/> Relinquishing promoter |

### 2 Information about the beneficiaries

| Beneficiary                           | Beneficiary  | Beneficiary  | Beneficiary  |
|---------------------------------------|--|--|--|
| Family name                           |  |  |  |
| Given name                            |  |  |  |
| Gender                                | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender |
| Social Insurance Number (999 999 999) |  |  |  |
| Date of birth (yyyy/mm/dd)            |  |  |  |
| Canada Learning Bond (CLB) amount     | \$   | \$   | \$   |
| Lifetime contributions                | \$   | \$   | \$   |

**Optional: Additional information about the beneficiaries (to be provided if available)**

|                              | Beneficiary                 | Beneficiary  | Beneficiary  | Beneficiary  |
|------------------------------|-----------------------------|--|--|--|
| OPTIONAL                     | Named to receiving RESP     | <input type="radio"/> YES <input type="radio"/> NO | <input type="radio"/> YES <input type="radio"/> NO | <input type="radio"/> YES <input type="radio"/> NO |
|                              | Assisted contributions      | \$   | \$   | \$   |
|                              | Unassisted contributions    | \$   | \$   | \$   |
|                              | Year-to-date contributions  | \$   | \$   | \$   |
|                              | Basic CESG                  | \$   | \$   | \$   |
|                              | Additional CESG             | \$   | \$   | \$   |
|                              | BCTESG                      | \$   | \$   | \$   |
|                              | CESG paid out in EAPs       | \$   | \$   | \$   |
|                              | CESG repaid                 | \$   | \$   | \$   |
|                              | PSE/Contribution withdrawal | \$   | \$   | \$   |
| Pending incentives (specify) |                             |  |  |  |

Send to relinquishing or receiving promoter with Part B or C (as applicable)

Ce formulaire est disponible en français



## REGISTERED EDUCATION SAVINGS PLAN (RESP) TRANSFER FORM

### Part C: Relinquishing promoter

#### 1 Information about the relinquishing promoter

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| Promoter's name |                    |                                 |
| Address         |                    |                                 |
| City            | Province/Territory | Postal code                     |
| Contact name    |                    | Telephone number (999) 999-9999 |

#### 2 Information about the relinquishing RESP

|  |                 |   |
|--|-----------------|---|
| Specimen plan number                           | Contract number | RESP type <input type="radio"/> Individual <input type="radio"/> Family <input type="radio"/> Group |
| Date contract opened (yyyy/mm/dd)              |                 | Transfer request date (yyyy/mm/dd)  |
| Subscriber's family name <b>or</b> Agency name |                 | Subscriber's given name   |
| Joint subscriber's family name (if applicable) |                 | Joint subscriber's given name   |

#### 3 Information about the beneficiaries

| Beneficiary  | Beneficiary 1  | Beneficiary 2  | Beneficiary 3  |
|--|--|--|--|
| Family name  |  |  |  |
| Given name   |  |  |  |
| Gender   | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender |
| Social Insurance Number (999 999 999)  |  |  |  |
| Date of birth (yyyy/mm/dd)   |  |  |  |
| CLB amount   | \$   | \$   | \$   |
| Lifetime contributions   | \$   | \$   | \$   |
| <input type="checkbox"/> Insert a checkmark if there are additional beneficiaries (complete Annex 1) |  |  | Total number of beneficiaries _____  |

Send to receiving promoter along with Annex 1 (as applicable)

Ce formulaire est disponible en français



| Optional: Additional information about the beneficiaries (to be provided if available) |                              |                           |                          |                           |                          |                           |                          |
|--|------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| OPTIONAL   | Beneficiary                  | Beneficiary 1             |                          | Beneficiary 2             |                          | Beneficiary 3             |                          |
|  | Named to receiving RESP      | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> YES | <input type="radio"/> NO |
|  | Assisted contributions       | \$                        |                          | \$                        |                          | \$                        |                          |
|  | Unassisted contributions     | \$                        |                          | \$                        |                          | \$                        |                          |
|  | Year-to-date contributions   | \$                        |                          | \$                        |                          | \$                        |                          |
|  | Basic CESG                   | \$                        |                          | \$                        |                          | \$                        |                          |
|  | Additional CESG              | \$                        |                          | \$                        |                          | \$                        |                          |
|  | BCTESG                       | \$                        |                          | \$                        |                          | \$                        |                          |
|  | CESG paid out in EAPs        | \$                        |                          | \$                        |                          | \$                        |                          |
|  | CESG repaid                  | \$                        |                          | \$                        |                          | \$                        |                          |
|  | PSE/Contribution withdrawal  | \$                        |                          | \$                        |                          | \$                        |                          |
|  | Pending incentives (specify) |                           |                          |                           |                          |                           |                          |

#### 4 Transfer eligibility information

|  |  |
|--|--|
| a. Has an Accumulated Income Payment (AIP) been made from this RESP?   | <input type="radio"/> YES <input type="radio"/> NO |
| Note: If an AIP has been made from the relinquishing RESP, the transfer is not permitted under the <i>Income Tax Act</i> .   |  |
| b. Has this RESP ever received an additional amount of Canada Education Savings Grant (Additional CESG)?   | <input type="radio"/> YES <input type="radio"/> NO |
| c. Does this transfer include the Canada Learning Bond (CLB)?  | <input type="radio"/> YES <input type="radio"/> NO |
| d. Does this transfer include the British Columbia Training and Education Savings Grant (BCTESG)?  | <input type="radio"/> YES <input type="radio"/> NO |
| <b>Note: If the receiving RESP does not offer one or more of the incentives held in the relinquishing RESP<br/>see section 8: Pre-transfer repayment policy in transfer form Part A.</b> |  |

#### 5 Notional account balances and market value transferred

|  |              |                        |   |                         |    |
|--|--------------|------------------------|---|-------------------------|----|
| Total market value of assets transferred: \$ |              |                        | Type of transfer: <input type="radio"/> Full transfer or <input type="radio"/> Partial transfer |                         |    |
| Unassisted contributions                     |              | Assisted contributions |   | Accumulated income/loss |    |
| Pre-1998                                     | 1998 & after |                        |   |                         |    |
| \$   | \$           | \$                     | \$  | \$                      | \$ |
| CESG   |              | CLB                    |   | BCTESG                  |    |
| \$   | \$           | \$                     | \$  | \$                      | \$ |

Send to receiving promoter along with Annex 1 (as applicable)

Ce formulaire est disponible en français



## 6 Information about pending application(s)

Is there a pending application for the CESG, CLB, or BCTESG?

YES  NO

### How to complete the transfer form for pending grants and/or bond

- When performing the initial transfer, the relinquishing promoter must complete section 6 of this form (without completing the section titled **Notional transfer amount of pending grant(s)/bond**) and send the completed form to the receiving promoter.
- When performing the subsequent transfers, the relinquishing promoter must complete sections 6 and 8 of Part C of a new transfer form and send it to the receiving promoter with:
  - a copy of page 1 of Part C of the initial transfer form;  
**or**
  - a fully completed page 1 of Part C of the new transfer form.

Initial transfer request date (yyyy/mm/dd)

Current date (yyyy/mm/dd)

Initials (promoter representative)

### Notional transfer amount of pending grant(s)/bond

#### Total amount transferred

\$

#### Assisted contributions

\$

Indicate the dollar amount of unassisted contributions in the original transfer that should now be considered as assisted contributions in the receiving RESP.

#### CESG

#### CLB

#### BCTESG

\$

\$

\$

Have all pending applications been successfully processed and all pending grant(s)/bond received been transferred?

YES  NO

## 7 Privacy

The information provided in this form will be shared with the receiving promoter for the purposes of processing the transfer.

Personal information will be handled in accordance with the privacy legislation in the respective jurisdictions. The transfer is also subject to *The Personal Information Protection and Electronic Documents Act (PIPEDA)*. PIPEDA provides every person with a right of access to information under the control of the receiving promoter and/or the relinquishing promoter, subject to a limited set of exemptions.

## 8 Certification

I certify that to the best of my knowledge, the information given on this form and the attached **Annex 1 - Additional beneficiaries** (if applicable) is accurate and complete.

Name of authorized RESP promoter representative

Telephone number (999) 999-9999

Fax number (999) 999-9999

Signature of authorized RESP promoter representative

Date (yyyy/mm/dd)

### Where to get more information about the Canada Education Savings Program:

**Phone:** 1 888 276-3624 / 1 866 260-7723 for TTY users only

**E-mail:** [cesp-pcee@hrsdc-rhdcc.gc.ca](mailto:cesp-pcee@hrsdc-rhdcc.gc.ca)

**Internet:** [www.canada.ca/RESPresources](http://www.canada.ca/RESPresources)

Send to receiving promoter along with Annex 1 (as applicable)

Ce formulaire est disponible en français