



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	
2 Information about the relinquishing RESP			
Specimen plan number	Contract number	RESP type <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group	
Date contract opened (yyyy/mm/dd)		Transfer request date (yyyy/mm/dd)	
Subscriber's family name or Agency name		Subscriber's given name	
Joint subscriber's family name (if applicable)		Joint subscriber's given name	
3 Information about the beneficiaries			
	Beneficiary 1	Beneficiary 2	Beneficiary 3
Family name			
Given name			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance Number			
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 _____



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

OPTIONAL		Beneficiary 1	Beneficiary 2	Beneficiary 3
	Named to receiving RESP	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Assisted contributions	\$	\$	\$
	Unassisted contributions	\$	\$	\$
	Year-to-date contributions	\$	\$	\$
	Basic CESG	\$	\$	\$
	Additional CESG	\$	\$	\$
	BCTESG	\$	\$	\$
	SAGES	\$	\$	\$
	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="checkbox"/> YES <input type="checkbox"/> NO
a.a 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="checkbox"/> YES <input type="checkbox"/> NO
c. Does this transfer include the Canada Learning Bond (CLB)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Does this transfer include the British Columbia Training and Education Savings Grant (BCTESG)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Does this transfer include the Saskatchewan Advantage Grant for Education Savings (SAGES)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Note: If the receiving RESP does not offer one or more of the incentives held in the relinquishing RESP see section 8: Pre-transfer repayment policy in transfer form Part A.	

5 Notional account balances and market value transferred

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



6 Information about pending application(s)

Is there a pending application for the CESG, CLB, BCTESG and/or SAGES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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How to complete the transfer form for pending grants and/or bond

1. 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.
2. 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) a copy of page 1 of Part C of the initial transfer form;
 - or**
 - b) 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)
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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	SAGES
\$	\$	\$	\$

Have all pending applications been successfully processed and all pending grant(s)/bond received been transferred?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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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	Fax number
Signature of authorized RESP promoter representative		Date (yyyy/mm/dd)

Where to get more information:

Phone: 1 888 276-3624 / 1 800 465-7735 for TTY users only
 E-mail: cesp-pcee@hrsdcc.gc.ca
 Internet: www.canada.ca/RESPresources