

under 19 years of age.

Account Number		

Education Savings Plan (Family) 1 Subscriber Information

i. Subscriber	intormation	1									
First and Last Names as well as Social Insurance	First Name			M.I.	Last Name				Gender F	М	
Number are mandatory fields.	Birth Date MM DD YYYY		Social Insuran	ce Numbe	er	Phone	Number				
	Legal Address										
	Civic # / RR #	ne / RR					Street Type				
	Direction / Type	/ Floor					Unit # / Apar	tment # / Flo	or #		
City Province / State Postal /				Postal / Zip Code	Country						
	Joint Subscriber Information (Spouse or Common-Law Partner)										
	First Name			M.I.	Last Name				Gender F	м	
	Birth Date MM DD YYYY		Social Insuran	ce Numbe	er	Phone	Number				
	Same address as above, OR										
	Legal Address										
	Civic # / RR #	ic # / RR # Street Name / RR					Street Type				
	Direction / Type				Unit # / Apartment # / Floor #						
	City Province			tate			Postal / Zip Code	Country			
2. Beneficiary	Designatio	n (M	anda	tory	·)						
Additional beneficiary designations for family plans (use separate sheet).	Family Plans may have as defined in the Inco brothers and sisters at cannot designate you insurance number(s) of Errors or omissions may To be eligible for governments	me Tax A re related rself or yo f the ber ay prever	Act (Canada I to you by our spouse neficiary (ie nt ESDC fro	a) and n v blood. e as a be es) recor om payi	nust not have a Your nieces an eneficiary unde ded below are ing grants.	ttaine d nep r a Fa exact	ed 21 years of ago whews are not relamily Plan. It is es tally as they appea	e. Your child ated to you sential that r on the soo	dren, grar I by blooc I the name Cial insura	ndchildren, d. You e and social nce cards.	
	Please indicate the number of beneficiary designations:										
	Beneficiary 1										
	First Name			M.I.	Last Name				Gender F	м	
	Relationship to Subscriber		Birth Dat	te MM DD	YYYY	Social	Insurance Number (Re	equired)	% Allocation	n	
	Same Address as Subscriber (Note: if different, please complete the following.)										
Please provide the	Beneficiary 1 Custod	ial Paren	nt, Guardia	an or Pu	ublic Primary C	aregi	iver				
name and address of the custodial parent, guardian	First Name		M.I.	. Last N	lame			SIN of Parent	/Guardian (R	equired)	
or public primary caregiver for any beneficiary who is											

2. Beneficiary Designation (Mandatory)

Fidelity Clearing Canada ULC will advise the public primary caregiver of a plan that has been opened for the beneficiary who is under the age of majority and is maintained by a public primary caregiver.

Beneficiary 1 Legal <i>F</i>	Address										
Civic # / RR #	Street Name / RR Street Type										
Direction / Type	Unit Type / Floor							Unit # / Apar	Unit # / Apartment # / Floor #		
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City		Province / State Postal / Zip Code Country					Country	try			
Beneficiary 2											
First Name			١	M.I.	Last Name				Gender		
									F M		
Birth Date MM DD YYYY	:	Social Insi	urance	e Numb	er (Required)	% Allo	ocation				
Same Address as Subso	riber (Note:	if differer	nt ple	ase com	nalete the following	7)					
Beneficiary 2 Custod	iai Paren	t, Guar		_		Careg	iver	Taur ca			
First Name			M.I.	Last N	lame			SIN of Parent	/Guardian (Required)		
				<u> </u>							
Beneficiary 2 Legal A	Address										
Civic # / RR #	Street Nam	ne / RR						Street Type			
Direction / Type	Unit Type /	Eloor						Linit # / Apar	II:: # / A # / El #		
Direction / Type	irection / Type Unit Type / Floor Un						Onit # / Apai	Unit # / Apartment # / Floor #			
City		Province	e / Sta	ite			Postal / Zip Code	Country	у		
Beneficiary 3											
First Name			I	M.I.	Last Name				Gender		
Tirst Nume			Ι.	*1.11.	Lust I valle				F M M		
Birth Date MM DD YYYY		C:-		- NiI-	(DiI)	0/ AII.	ocation		<u> </u>		
Birth Date MiM DD 1111		Social insi	urance	amuni	er (Required)	% All	ocation				
Same Address as Subso	riber (Note:	if differer	nt, ple	ase con	nplete the following	g.)					
— Beneficiary 3 Custod	ial Paren	t. Guar	rdian	or Pi	ublic Primary	Cared	iver				
First Name		,	M.I.	Last N				SIN of Parent	/Guardian (Required)		
								on von arone oddraidin (nequires)			
Beneficiary 3 Legal A	Address										
Civic # / RR #	Street Name / RR Street Ty							Street Type	eet Type		
Direction / Type	Unit Type / Floor U						Unit # / Apar	Unit # / Apartment # / Floor #			
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Cit.		D	- / C+-				D+-1 / 7:- CI-	Country			
City		Province	e/Sla	ite			Postal / Zip Code	Country			
							<u> </u>				
Beneficiary 4											
First Name			ı	M.I.	Last Name				Gender		
			ľ						F M M		
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Right Date MM DD WW	1.	Cocial In-	uranca	NI. ml-	or (Poquired)	0/ AII.	acation				
Birth Date MM DD YYYY	!	Social Ins	urance	e Numb	er (Required)	% Allo	ocation				
Birth Date MM DD YYYY	:	Social Ins	urance	e Numb	er (Required)	% Allo	ocation				

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2. Beneficiary Designation (Mandatory)

Beneficiary 4 Custodial Parent, Guardian or Public Primary Caregiver M.I. Last Name SIN of Parent/Guardian (Required) **Beneficiary 4 Legal Address** Civic # / RR # Street Name / RR Street Type Direction / Type Unit Type / Floor Unit # / Apartment # / Floor # City Province / State Postal / Zip Code Country 3. Application for Grant In order to apply for the Government Grants, this Education Savings Plan must be accepted for registration by The Canada Revenue Agency and the subscriber must duly complete the prescribed government forms to Fidelity Clearing Canada ULC. Failure to provide these documents pursuant to the terms of the Applicable Tax Legislation and the Applicable Grant Legislation may result in missed or delayed payments. I do not wish to participate in any grant program 4. Designated Education Institution In the event that no beneficiary or other person qualifies for payments under the Plan, the educational institution designated below shall be entitled to the net accumulated income portion held under the plan. Name of Institution Province 5. Termination Date I/We confirm that no contribution may be made to the Plan by or on The Final Termination date must be no later than the last day of the behalf of me after the 31st year following the year in which the Plan 35th year following the year in which the plan is entered into. Final Termination Date December 31, 6. Subscriber Signature I/We hereby apply for a Fidelity Clearing Canada ULC Family Education Savings Plan as indicated above. I/We request that Fidelity Clearing Canada ULC apply to register the plan in accordance with the applicable Income Tax legislation and understand that benefits received from the plan may be taxable. I/We acknowledge that contributions to the plan in excess of the amounts allowed, under applicable tax legislation, will result in a penalty tax. I/We certify the information set out above is correct and agree to provide any further information which may be required in connection with the registration and administration of the plan. I/We have received, read and agree to the terms and conditions. Date MM - DD - YYYY Joint Subscriber Signature Date MM - DD - YYYY

7. Promoter Trustee Acceptance

All fields in the

mandatory.

Designated Education

Institution section are

was entered into. Final Contribution Date

December 31,

Subscriber Signature



Accepted by Fidelity Clearing Canada ULC as Promoter and for TSX Trust Company of Canada