

Québec Education Savings Incentive

Transfer Between Registered Education Savings Plans (RESP)

Before property is transferred from one RESP (referred to as the "transferor plan") to another RESP (referred to as the "transferee plan"), this form must be completed by

- the subscriber, the promoter and the trustee of the transferor plan; and
- the promoter and the trustee of the transferee plan.

This exchange of information by the parties is necessary for the administration of the Québec education savings incentive (QESI).

We suggest that two copies of the form be completed so that the promoter of the transferor plan and the promoter of the transferee plan may each keep an original signed copy.

1 Identification of the subscriber and information concerning the transfer

This part must be completed by the subscriber.

1.1 Subscribers

| Last name and first name of subscr | iber | Social insurance number |
|------------------------------------|--|-------------------------------------|
| | | |
| Address | | Postal code |
| | | |
| Area code Telephone | Relationship to the beneficiary or beneficiaries of the transferee plan* | |
| | | |
| * If the transferee plan has tw | o or more beneficiaries, provide the same information concerning the other | beneficiaries on an attached sheet. |

| Last name and first name of joint subscriber (if applicable) | Social insurance number |
|--|-------------------------|
| | |

1.2 Beneficiaries of the transferor plan

| Last name and first name | | Date of birth | Social insurance number | | | | |
|--------------------------|-----------------|---------------|-------------------------|--|--|--|--|
| | | _ | | | | | |
| Area code Telephone | Sex | | | | | | |
| | 🗌 Male 🗌 Female | | | | | | |

If the transferor plan has two or more beneficiaries, provide the same information concerning the other beneficiaries on an attached sheet.

1.3 Beneficiaries of the transferee plan

Check the appropriate box.

- A beneficiary of the transferee plan is, immediately before the transfer, a beneficiary of the transferor plan.
-] If the plan is a family plan, a beneficiary of this plan is, immediately before the transfer, the brother or sister of a beneficiary of the transferor plan.

If the transferee plan is an individual plan, the beneficiary of this plan was at least 21 years old at the time the contract that constitutes the plan was entered into and is, immediately before the transfer, the brother or sister of a beneficiary of the transferor plan.

None of the above apply.

1.4 Subscriber's instructions and authorization

| I hereby request that the promoter of the transferor plan transfer property from the plan, whose contract num to the transferee plan, whose contract number is | ber is | |
|--|-----------------------------|------|
| Does the value of the transferred property correspond to the balance of the account? If no , enter the value of the transferred property | | 🗌 No |
| Form of the transfer: 🗌 Money 📄 Property in kind | | |
| The exchange of information by way of this form is necessary for the administration of the QESI under the <i>Taxation</i> λ | 1 <i>ct</i> (R.S.Q., c. I-∶ | 3). |

This information will be given to the transferor plan's promoter and trustee and to the transferee plan's promoter and trustee. It may also be sent to us for the administration of the QESI under the *Taxation Act*.

This information is protected pursuant to the applicable legislation concerning the protection of personal information in the private sector. It is also protected under the *Tax Administration Act* (R.S.Q., c. A-6.002) where it is sent to us.

Signature of subscriber

Signature of joint subscriber (if applicable)

Date

Date

2 Information concerning the transferee plan

2.1 Information to be provided by the promoter of the transferee plan

Identification of the promoter and description of the plan

| Name of promoter | | |
|---|--------------------------------------|-------------|
| | | |
| Address | | Postal code |
| | | |
| Specimen plan number assigned by the CRA | Contract number assigned by promoter | |
| | | |
| Type of plan: Family, having only and sisters as benef | orothers Family Individual Group | |
| Beneficiaries | | |

| Last name and first name | and first name | | Date of birth | | | | | Social insurance number | | | | | | | | | |
|--------------------------|----------------|----------|---------------|--|---|---|---|-------------------------|--|--|---|--|---|---|--|---|--|
| | | | | | I | 1 | I | | | | 1 | | 1 | I | | I | |
| Area code Telephone | Sex | | | | | | | | | | | | | | | | |
| | 🗌 Male | E Female | | | | | | | | | | | | | | | |

If the transferee plan has two or more beneficiaries, provide the same information concerning the other beneficiaries on an attached sheet.

Characteristics of the transfer

| Does the plan meet the conditions for registration applicable under the <i>Taxation Act</i> to a plan whose contract was entered into after December 31, 1998? | Yes | 🗌 No |
|--|-----|------|
| Is the plan registered in accordance with the Taxation Act? | Yes | 🗌 No |
| Have you entered into a QESI agreement with the Minister of Revenue? | Yes | 🗌 No |
| If the plan has more than one beneficiary at the time of the transfer, are they all brothers and sisters? | Yes | 🗌 No |

Name of promoter's authorized representative

Area code Telephone

Signature

Date

2.2 Information to be provided by the trustee of the transferee plan

| Name of trustee | Québec enterprise number (NEQ) |
|--|--------------------------------|
| | |
| Address | Postal code |
| | |
| Have you entered into a QESI agreement with the Minister of Revenue? | Yes 🗌 No |

Name of trustee's authorized representative

Area code Telephone

Signature

Date

3 Information concerning the transferor plan

3.1 Information to be provided by the promoter of the transferor plan

Identification of the promoter and description of the plan

| Name of promoter | | | | | |
|---|-----------------------|---------------------------|-----------------|---------------------------|--------------------|
| Address | | | | | Postal code |
| Specimen plan number assigned by the CRA | Contract number assig | gned by promoter | | Effective date of contrac | ct |
| Type of plan: Family, having only and sisters as ben | | 🗌 Family | Individua | I Group | |
| Has an accumulated income payment be | en made from this pl | an? | | | Yes N |
| Before the transfer, had any amount repr | esenting the increase | e of the QESI been paid | into the plan? | | Yes N |
| Data concerning the transfer | | | | | |
| Amount from the QESI account | | | | | \$ |
| • Value of the transferred property | | | | | \$ |
| • Contributions paid into the plan that of | qualify for the QESI | | | | \$ |
| • Contributions paid into the plan after | February 20, 2007, t | hat do not qualify for t | he QESI | | \$ |
| Contributions paid into the plan befor | e February 21, 2007, | , that do not qualify for | the QESI | | \$ |
| Name of promoter's authorized | representative | Area code | Telephone | _ | |
| Signature | | | Date | _ | |
| 3.2 Information to be provided | by the trustee o | f the transferor pla | an | | |
| Name of trustee | | · · | | Québec enterp | orise number (NEQ) |
| Address | | | | | Postal code |
| | | | | | |
| Contributions made to the transferor pla | | | of the transfer | | |
| and after February 20, 2007, that were n deemed to have been made in the year to | | | | | ¢ |
| defined to have been made in the year of | o the transferee plan | | | | Ψ |
| | | | | | |

Signature

Name of trustee's authorized representative

Date

Telephone

Area code

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