



Higher Learning RESP Beneficiary Addition/Change Form

CIBC Investor Services Inc.®

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

Subscriber's First Name	Subscriber's Middle Name	Last Name
Joint Subscriber's First Name	Joint Subscriber's Middle Name	Last Name
Account <input type="checkbox"/> Imperial Investor Service <input type="checkbox"/> CIBC Financial Planning <input type="checkbox"/> CIBC Investor's Edge		Account Number
RESP Family Plan: Are all of the beneficiaries siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Beneficiary Information

Beneficiary 1

Add Beneficiary* Remove Beneficiary Change Allocation Update Information

First Name	Middle Name	Surname	Birth Date (mm/dd/yyyy)	Allocation per contribution (%)
<input type="checkbox"/> Same as Subscriber named above OR				
Address (street no. and name)		Apt. No.	City	Province Postal Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Subscriber	Occupation	Social Insurance Number (Mandatory)	

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 SIN	Residency
Parent/Guardian Address (street no. and name)	Apt. Number City	Province Postal Code

Beneficiary 2

Add Beneficiary* Remove Beneficiary Change Allocation Update Information

First Name	Middle Name	Surname	Birth Date (mm/dd/yyyy)	Allocation per contribution (%)
<input type="checkbox"/> Same as Subscriber named above OR				
Address (street no. and name)		Apt. No.	City	Province Postal Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Subscriber	Occupation	Social Insurance Number (Mandatory)	

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 SIN	Residency
Parent/Guardian Address (street no. and name)	Apt. Number City	Province Postal Code

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 %

_____ X Date (mm/dd/yyyy)	_____ X Subscriber's Signature	_____ X Joint Subscriber's Signature
_____ X Date (mm/dd/yyyy)	_____ X CIBC Investor Services Inc. Acknowledgement	

*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.