



### Higher Learning RESP Beneficiary Addition/Change Form

Once form is completed forward to CIBC Investor Services Inc.

CIBC Investor Services Inc.  
Transit 3202  
Client File Administration  
161 Bay Street, 4th Floor  
Toronto, ON M5J 2S8

Title	Subscriber's First Name	Subscriber's Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Joint Subscriber's First Name	Joint Subscriber's Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account  Imperial Investor Service     CIBC Financial Planning     CIBC Investor's Edge   

Registered Education Savings Plans (RESP) Family Plan: Are all of the beneficiaries siblings?     Yes     No

#### Beneficiary Information

\*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.

#### Beneficiary 1

Add Beneficiary\*     Remove Beneficiary     Change Allocation     Update Information

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Birth Date (Month day, year)	Allocation per contribution (%)
<input type="text"/>	<input type="text"/>

Same as Subscriber named above **OR**

Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)

City	Province/Territory	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender     Male     Female     Another gender

Relationship to Subscriber	Occupation	Social Insurance Number (Mandatory)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Social Insurance Number (SIN)	Residency
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)

City	Province/Territory	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Beneficiary 2

Add Beneficiary\*     Remove Beneficiary     Change Allocation     Update Information

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Birth Date (Month day, year)	Allocation per contribution (%)
<input type="text"/>	<input type="text"/>

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**Beneficiary 2 (continued)**

Same as Subscriber named above **OR**

Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)

\_\_\_\_\_

City	Province/Territory	Postal Code
_____	_____	_____

Gender     Male     Female     Another gender

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 Social Insurance Number (SIN)	Residency
_____	_____	_____

Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)

\_\_\_\_\_

City	Province/Territory	Postal Code
_____	_____	_____

**To add or update information for additional beneficiaries, complete another copy of this form 8380 (Higher Learning RESP Beneficiary Addition/Change Form).**

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 (print names)	Allocation %
1   _____	_____
2   _____	_____
3   _____	_____
4   _____	_____
5   _____	_____
6   _____	_____
<b>Total</b>	<b>100%</b>

<p>_____</p> <p style="text-align: center;">Date (Month day, year)</p>	X	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Subscriber's Signature (sign within box)</p>
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<p>_____</p> <p style="text-align: center;">Date (Month day, year)</p>	X	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Joint Subscriber's Signature (sign within box)</p>
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<p>_____</p> <p style="text-align: center;">Date (Month day, year)</p>	X	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">CIBC Investor Services Inc. Acknowledgement (sign within box)</p>
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