

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"/> Investor's Edge	Account Number	

Beneficiaries – List name(s) and address(es) below:

Beneficiary 1

<input type="checkbox"/> Add Beneficiary**	<input type="checkbox"/> Remove Beneficiary	<input type="checkbox"/> Change Allocation	<input type="checkbox"/> Update Information		
First Name	Middle Name	Surname	Birth Date		
<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)		Allocation per contribution		Residency	
Parent/Guardian Address (street no. and name)		Apt. Number	City	Province	Postal Code

Beneficiary 2

<input type="checkbox"/> Add Beneficiary**	<input type="checkbox"/> Remove Beneficiary	<input type="checkbox"/> Change Allocation	<input type="checkbox"/> Update Information		
First Name	Middle Name	Surname	Birth Date		
<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)		Allocation per contribution		Residency	
Parent/Guardian Address (street no. and name)		Apt. Number	City	Province	Postal Code

For additional beneficiaries complete Higher Learning RESP Beneficiary Addition/Change Form 8918.

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. _____	_____ %
5. _____	_____ %
Total	100 %

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

* If faxing, please forward original within 10 business days

** Photocopy of beneficiary Social Insurance Number (SIN) is required for addition of a new beneficiary.