

CIBC INVESTOR SERVICES INC.

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Registered Education Savings Plan (RESP) Withdrawal Form

Note: All of these withdrawals are subject to the terms and requirements of the applicable CIBC Investor's Edge or Imperial Investor Service Education Savings Plan Agreement, the *Income Tax Act* (Canada) and the *Canada Education Savings Act* and the *Taxation Act* (Quebec). Where applicable, capitalized terms have the meaning as set out in the Trust Agreement. *Ensure to enter Joint Subscriber information if applicable.*

RESP Account Number		Date (Month day, year)			
Subscriber First Name	Initial	Last Name			
Joint Subscriber (if applicable) ^{First Name}	Initial	Last Name			
 Withdrawal Type Is this withdrawal for educational purposes? (<i>if Yes, select all</i> Yes - Educational Assistance Payment (EAP) (EAP is comprovince matching programs, plus any investment incom Yes - Post-Secondary Education Capital Withdrawal (PSI No - Withdrawal for Non-Educational Purposes - <i>Fill out</i> secondary 	nprised of C e earned ins E) (PSE is co	side the RESP) - Fill out sect omprised of contributions n	ion A, B and	G	
Section A – Post-Secondary Program and Beneficiary I Post-Secondary Program Name of Post Secondary Institution Address (street number, street name, unit number, rural, as applicable) (P.O. City			Province/State	e	Postal Code/Zip Code
Academic Program Type University Community College (in Quebec, CEGE Other	_	Private Trade, Vocational		-	Length (in weeks) of program)
Program Hours per Week Program Status Full-time Proof of Enrollment (can be obtained from the Registrar's Of Select type of proof obtained Confirmation of Enrolln The following information is required: School letterhead or logo Student's name Student ID number Current academic year Full-time (qualifying educational program) or part-time Requirement for full-time studies: A minimum of 10 hou Requirement for part-time studies: A minimum of 12 hou	ffice or print nent (specified e irs of instruc	ed from the student's scho Tuition Invoice from the R ducational program) tion/work per week for 3 c	egistrar's O	ffice	rse work

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Section A – Post-Secondary Program and Beneficia	ry Informa	tion (continued)		
First Name	Initial	Last Name	Social Insu	rance Number
Check here if the beneficiary address is the same Address (street number, street name, unit number, rural, as applic				
City		Province/Territory	Postal Cod	e
Section B – Educational Assistance Payment (I	EAP)			
Amount				
 Full-time students can withdraw up to \$8,000 Part-time students can withdraw up to \$4,000 				
 There is also a limit for EAP withdrawal per yea under <u>RESP Bulletin No.1R3</u> on the government 		it is updated by the government every year. Details and a	mount can	be found
Is this the first EAP to the Beneficiary from this RESF	א 🔿 יי	/es 🔿 No		
Is the beneficiary a Canadian Resident at the time of	f withdraw	al? 🔿 Yes 🔿 No		
		earnings within the Plan. All grants must remain in the Adec Education Savings Incentive (QESI) the Beneficiary mu		
contributions in the Plan in the following order as per to Quebec Education Savings Incentive (QESI), there that if you make a request for a ROC during a taxation should consult your financial Advisor and tax Advisor of making the request. Post-Secondary Education (PSE) Capital Withd Capital Withdrawal for Non-Educational Purpose Section D – Accumulated Income Payment (Al Note: As applicable, in case of multiple Subscribers, jointly. Use separate CIBC ISI RESP Withdrawal Form for Name of Receiving Subscriber	ebec, a RO ermitted by n contribut on year, th cor before i rawal - am ses - amou ses - amou l P) - selec , if more th for each Sub	C will be considered to have been made pro rata in respect (Revenue Quebec: year-to-date contributions, then contributions that did not give rise to QESI, in the order they were e Beneficiaries of the Plan may not be entitled to QESI for making any request for a ROC so that you are fully aware nount	ibutions th received. that taxat of all the i	at gave rise Be advised ion year. You mplications ach and not
Will the receiving Subscriber be a Canadian residen If No, the receiving individual is not eligible for AIP. 1		ne of the AIP withdrawal? e will have to go to a Designated Educational Institution.	⊖ Yes	◯ No
Are all the past and present Beneficiaries of the RES deceased? If No, an AIP cannot be made unless the Canada Rev mental impairment.		21 years of age and not eligible to receive an EAP, or ncy has provided a waiver based on a beneficiary's	⊖ Yes	🔿 No
Has at least 9 years elapsed since the end of the yea If No, an AIP cannot be made unless the Canada Rev mental impairment.			⊖ Yes	🔿 No

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Section D - Accumulated Income Payment (AIP) (continued)

AIP Withdrawal - amount

Note: An AIP Withdrawal will be subject to withholding of income tax plus a special tax of 20%.

The Subscriber is required to complete prescribed Form T1172, Additional Tax On Accumulated Income Payments From RESPs for each transfer request and submit a copy with the withdrawal form.

AIP Rollover to RRSP

Note: For an AIP rollover to an RRSP, the receiving RRSP must be either a non-spousal plan of the Subscriber or a spousal plan of the Subscriber's spouse/common-law partner.

The Subscriber must ensure that he/she has sufficient unused RRSP deduction room.

The maximum lifetime limit for AIP rollovers is \$50,000. Enter the Amount Requested.

Amount Requested

The Subscriber is required to complete prescribed Form T1171, Tax Withholding Waiver On Accumulated Income Payments From RESPs for each transfer request and submit a copy with the withdrawal form. Enter the required Investor Services Inc. (ISI) Account Number.

ISI Account Number (required)

Section E - Over-Contribution Withdrawal

Subscriber(s) contributions have exceeded the lifetime limit of a Beneficiary under the Income Tax Act (Canada).

Note: Over-contribution withdrawals can be either a Post-Secondary Education (PSE) Capital Withdrawal or Capital Withdrawal for Non-Educational Purposes. A capital withdrawal may require repayment of some of all Government Assistance.

Select over-contribution withdrawal type:

Post-Secondary Education (PSE) Capital Withdrawal - amount

Capital Withdrawal for Non-Educational Purposes - amount

Provide the name of the Beneficiary that the over-contribution relates to:

Section F - Payment of Accumulated Income to Designated Educational Institution

Note: This payment will not qualify as a charitable donation for income tax purposes. All grants and incentives in the Plan must be repaid to the appropriate government authority.

Amount Requested

Name

Name of Educational Institution			
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	
Section G - Payment Instructions			
◯ Cheque payment			
Make funds payable to 🗌 Beneficiary 🗌 Subscriber 🗌	Educational Institution		
Mail cheque to the following address 🛛 Beneficiary 🗍	Subscriber Other Address		
◯ Transfer to bank account			
Name of Account Holder	Institution No. Transit Account Number		

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Section G - Payment Instructions (continued)

\bigcirc	Transfer	to ISI	investment	account
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In-Kind Payment – must be transferred to your ISI account

Withdraw cash in the amount of and

Withdraw security and quantity described positions are considered a NET amount

		For Head Office	ce Purpose Only
Quantity	Security Description	Security Code	Market Value

Attach a list for additional positions.

Are you terminating the plan?	○ Yes	

If yes, all Government Assistance in the Plan will be forfeited in accordance with Applicable Legislation and if an Accumulated Income Payment (AIP) cannot be made, that amount will be paid to the Designated Educational Institution named in Part 5, and if no such educational institution is named in Part 5, to the educational institution named by CIBC World Markets Inc. in accordance with the Trust Agreement.

Declaration

The Subscriber

, "You" at

declare that the information provided in this document is true, correct and complete in every respect. For withdrawals of an Educational Assistance Payment (EAP), You declare that such payment is to assist a Beneficiary to further the Beneficiary's educations at a post-secondary level. You understand that providing false and/or incomplete information may contravene the Applicable Legislation and may cause the RESP, the Subscriber(s), the Beneficiary(ies), CIBC World Markets Inc. as promoter, and/or CIBC Trust Corporation as trustee to suffer negative consequences under Canadian tax law. You agree to indemnify CIBC World Markets Inc., CIBC Trust Corporation and any of its affiliates for any such tax consequences. You understand that neither CIBC World Markets Inc. nor CIBC Trust Corporation represents or warrants the income tax treatment of any withdrawal from the RESP. You understand that a withdrawal from the Plan may require that Canada Education Savings Grants and Quebec Education Savings Incentive be refunded to the appropriate government authority and may also trigger taxes to a Beneficiary or a Subscriber or may result in a forfeiture of accumulated income to a Designated Educational Institution. Neither the Promoter nor the Trustee are able or responsible to know the total Government Assistance a Beneficiary receives from all RESPs for that individual. The Beneficiary is solely responsible for ensuring that any overpayments of Government Assistance or other monies made to him or her are repaid to the appropriate government authority.

	x
Date (Month day, year)	Subscriber Signature (sign within box)
	x
Date (Month day, year)	Beneficiary Signature (sign within box)*

*Beneficiary signature is only required if an EAP is made payable to the Subscriber. If Beneficiary is under the age of majority, a signature is also required below.

Date (Month day, year)

Custodial Parent or Legal Guardian Signature (sign within box)