



INSTRUCTION SHEET – GROUP OPTION PLAN

Instructions for Subscriber(s), Beneficiary and Post-Secondary Institution

A. If your Beneficiary **is** attending a post-secondary institution and your **agreement will mature on its scheduled maturity date**, please complete the following:

- Beneficiary Application Form (Sections 1 and 2)
- Confirmation of Eligibility for Government Grants Form (Sections 1 and 2)
- Enrolment Confirmation Form*
 - Beneficiary to complete, sign and date Section 1 **before** forwarding to Registrar's Office.
 - Registrar's Office to complete Sections 2, 3 & 4 as instructed below
 - Mail or fax* the completed Beneficiary Application Form, Enrolment Confirmation Form and Confirmation of Eligibility for Government Grants Form to Children's Education Funds Inc. prior to your Plan's Date of Maturity**.

* **Please note that ONLY the Registrar's Office may submit the Enrolment Confirmation Form to our office via facsimile transmission. Otherwise, the originals must be mailed to our office.**

* **Please note that it may take 60 days to process your request for Maturity from the date of receipt of your application, provided that all the documents are received in good order. Please ensure that all forms are completed in full and that the information provided is accurate, to avoid delays.**

B. If your Beneficiary **is not** attending a post-secondary institution, and you wish to **defer the maturity date** of your Agreement, please complete the following:

- Beneficiary Application Form (Sections 1 and 3)
 - Please specify the date (dd/mm/yyyy) to which you wish to defer the maturity of your Plan.
 - Please return the completed Beneficiary Application Form, accompanied by a cheque or money order in the amount of **\$35.00** (plus GST / HST) made payable to Children's Education Trust (C.E.T.), to the address noted herein above to process your deferral request.

PLEASE DETACH AND FORWARD THE BELOW INSTRUCTIONS TO THE REGISTRAR'S OFFICE WITH THE ENROLMENT CONFIRMATION FORM.



Instructions for Registrar

Please complete the following:

- Enrolment Confirmation Form (Sections 2, 3 & 4 – In accordance with the Academic Year Specified on the form)
- Affix institution stamp or seal to the Enrolment Confirmation Form
 - Any **alterations or revisions to the Enrolment Confirmation Form must be initialed and dated by the Registrar's Office**. Any corrections not initialed and dated will be considered incomplete and will result in a delay of the processing of the maturity cheque.
 - If you will not be completing our Enrolment Confirmation Form and will instead be submitting a standard Verification of Enrolment letter from your institution, please be sure that it includes all the information that is required on our form. Section 1 of the Enrolment Confirmation Form must still be completed by the Beneficiary and submitted together with the Verification of Enrolment letter.

IF FAXING THE ENROLMENT CONFIRMATION FORM, PLEASE FORWARD THE ORIGINAL BY MAIL



BENEFICIARY APPLICATION FORM – GROUP OPTION PLAN

SECTION 1: BENEFICIARY INFORMATION		
BENEFICIARY NAME	SOCIAL INSURANCE NUMBER	AGREEMENT NUMBER
SECTION 2: REQUEST FOR MATURITY		
SUBSCRIBER'S EMAIL ADDRESS		
THIS EMAIL MAY BE USED TO CONFIRM THE DETAILS OF YOUR APPLICATION		
By my/our signature(s), I/we hereby request to have the principal amount contributed to the above noted Agreement, returned:		
Primary Subscriber Signature (Subscriber 1)	Date	
Joint Subscriber Signature (Subscriber 2)	Date	
Please note that we require both Subscriber signatures for plans that are held jointly.		
SECTION 3: DEFERRAL OF MATURITY (IF APPLICABLE)		
By my/our signature(s), I/we hereby request to have the maturity date of the above noted Agreement deferred until (date required) :		
<u> 01 </u> / _____ / _____ (dd/mm/yyyy)		
REASON FOR DEFERRAL (REQUIRED):		
Primary Subscriber Signature (Subscriber 1)	Date	
Joint Subscriber Signature (Subscriber 2)	Date	
Please note that we require both Subscriber signatures for plans that are held jointly.		
* <i>If you are requesting for the deferral of maturity, please enclose a cheque or money order in the amount of \$35.00 (plus GST/HST) made payable to C.E.T. in order to process your request.</i>		
* <i>Please note that you must mature your Plan within six (6) years of the Plan's original Date of Maturity. Please refer to the Prospectus for further details.</i>		



CONFIRMATION OF ELIGIBILITY FOR GOVERNMENT GRANTS FORM

SECTION 1: CUSTODIAL PARENT INFORMATION

BENEFICIARY NAME	CUSTODIAL PARENT NAME	AGREEMENT NUMBER
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CUSTODIAL PARENT'S ADDRESS

SECTION 2: CONFIRMATION OF RESIDENCY (Please complete either Section A or B, as applicable)

A. Complete this section if Beneficiary is a resident of Canada for income tax purposes:

Is your Beneficiary attending a post-secondary institution outside of Canada? YES ⁽¹⁾ NO

Is your Beneficiary a resident of Quebec for income tax purposes? YES NO ⁽²⁾

(1) If you answered "YES", please provide documentation that confirms your Beneficiary is currently a resident of Canada i.e. a copy of your Beneficiary's most recent Notice of Assessment from Canada Revenue Agency.

(2) If you answered "NO", please specify Beneficiary's province of residence for income tax purposes: _____
 Please note that in order to receive Quebec Education Savings Incentives (QESI) with the Education Assistance Payment (EAP) the Beneficiary must be a resident of Quebec for income tax purposes at the time that the EAP is paid.

As the Custodial Parent of _____ (beneficiary's name), I hereby confirm that _____ (beneficiary's name) was and has continued to be a resident of Canada, throughout the duration of the Plan, according to the definition provided in the Canadian Income Tax Act.

 Custodial Parent Signature

 Date

 Witness Signature

 Date

Please note that both signatures are required in order to process your request. This form may be witnessed by any person over the age of 18 who is not the Custodial Parent or the Beneficiary

Beneficiaries are allowed to collect a maximum lifetime amount of \$7,200.00 of CESG money. If a Beneficiary has received in excess of \$7,200.00 of CESG from any RESP company, including this company, it is the responsibility of the Beneficiary to refund the excess to Employment and Social Development Canada (ESDC).

B. Complete this section if Beneficiary is NOT a resident of Canada for income tax purposes:

Please indicate the country that your Beneficiary is currently a resident of: _____

As the Custodial Parent of _____ (beneficiary's name), I understand that under Canada Revenue Agency (CRA) regulations, **CEFI is required to deduct an amount from my Beneficiary's Education Assistance Payment (EAP) representing the Non-Resident Tax (NRT) for beneficiaries who are not residents of Canada for tax purposes**, in accordance with the Canadian Income Tax Act. As the tax treaty between Canada and other countries dictates the NRT, the rate depends on my Beneficiary's permanent country of residence.

 Custodial Parent Signature

 Date

 Witness Signature

 Date

Please note that both signatures are required in order to process your request. This form may be witnessed by any person over the age of 18 who is not the Custodial Parent or the Beneficiary

All fields are required unless otherwise specified.



ENROLMENT CONFIRMATION FORM

All information provided on this form must relate to the **2018/2019** academic year

SECTION 1 : BENEFICIARY INFORMATION

Name	Student Number	Agreement Number(s)
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Beneficiary Acknowledgement and Authorization: By signing below, I authorize the Registrar's Office to disclose and discuss my academic program and forward information contained in this form to Children's Education Funds Inc. (CEFI) for use in processing the maturity of my plan and/or my Education Assistance Payment(s) (EAP)

Beneficiary (Student) Signature	Date
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SECTION 2 : SCHOOL INFORMATION

Type of School (check **one**)

<input type="radio"/> University	<input type="radio"/> Private trade, vocational or career college
<input type="radio"/> Community College	<input type="radio"/> CEGEP <input type="radio"/> Other

Name of School	Country	Postal / ZIP Code
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Student enrolled as (check **one**) Domestic Student **or** International Student

SECTION 3 : PROGRAM INFORMATION

Program Type (check **one**) Degree Diploma Certificate

Program Name	Current Year Start Date
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Program Length (check **one**) 1 Year 2 Years 3 Years 4 Years 5 Years

Academic Year Level (check **one**) 1st Year 2nd Year 3rd Year 4th Year 5th Year

The Student's Enrolment Status is (check **one**) Full time Part time

Length of Current Academic Year in weeks	Program Post-Secondary Pre-requisites
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Yes	No	Is the student enrolled in a co-op or apprenticeship program?
Yes	No	Student's program is a "Qualifying Educational Program", which is a program at a post-secondary school level of at least 3 consecutive weeks in duration that requires each student to spend at least 10 hours per week on courses or work in the program. If no, please answer the next question.
Yes	No	Student's program is a "Specified Educational Program", which is a program at a post-secondary school level of at least 3 consecutive weeks in duration that requires each student to spend at least 12 hours per month on courses in the program.
Yes	No	For institutions located outside of Canada: Program lasts at least 13 consecutive weeks and is at the post-secondary level.

SECTION 4 : REGISTRAR INFORMATION

Registrar Name	Registrar Title
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Registrar Telephone	Registrar email address
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Registrar Remarks

Registrar Signature	Date	Affix Institution Stamp or Seal
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