



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)
<input type="text"/>	<input type="text"/>

Subscriber

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

Joint Subscriber (if applicable)

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

Withdrawal Type

Is this withdrawal for educational purposes? (if Yes, select all that apply)

- Yes - Educational Assistance Payment (EAP) (EAP is comprised of Canada Education Savings Grant, Canada Learning Bond and any province matching programs, plus any investment income earned inside the RESP) - *Fill out section A, B and G*
- Yes - Post-Secondary Education Capital Withdrawal (PSE) (PSE is comprised of contributions made to the plan) - *Fill out section A, C and G*
- No - Withdrawal for Non-Educational Purposes - *Fill out section C or D or E or F, and G*

Section A - Post-Secondary Program and Beneficiary Information

Post-Secondary Program

Name of Post Secondary Institution

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

City	Country	Province/State	Postal Code/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Academic Program Type

- University
- Community College (in Quebec, CEGEP)
- Private Trade, Vocational or Career College
- Other

Program Length <small>(entire course in years)</small>	Program Year <small>(current year of program)</small>	Start Date of Current School Year (Month day, year)	Academic Year Length (in weeks) <small>(for current year of program)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Program Hours per Week Program Status Full-time Part-time

Proof of Enrollment (can be obtained from the Registrar's Office or printed from the student's school online portal)

Select type of proof obtained Confirmation of Enrollment Tuition Invoice from the Registrar's Office

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 (specified educational program)
Requirement for full-time studies: A minimum of 10 hours of instruction/work per week for 3 consecutive weeks of course work
Requirement for part-time studies: A minimum of 12 hours per month

CIBC Investor Services RESP Withdrawal Form

Section A - Post-Secondary Program and Beneficiary Information (continued)

First Name _____ Initial _____ Last Name _____ Social Insurance Number _____

Check here if the beneficiary address is the same as the subscriber address

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

City _____ Province/Territory _____ Postal Code _____

Section B - Educational Assistance Payment (EAP)

Amount _____

- Full-time students can withdraw up to \$8,000 in the first 13 weeks of studies.
- Part-time students can withdraw up to \$4,000 in the first 13 weeks of studies.
- There is also a limit for EAP withdrawal per year. This limit is updated by the government every year. Details and amount can be found under [RESP Bulletin No.1R3](#) on the government website.

Is this the first EAP to the Beneficiary from this RESP? Yes No

Is the beneficiary a Canadian Resident at the time of withdrawal? Yes No

Note: A non-resident Beneficiary is only eligible to receive the earnings within the Plan. All grants must remain in the Account. Non-resident withholding tax will be deducted. For the EAP to include Quebec Education Savings Incentive (QESI) the Beneficiary must reside in Quebec.

Section C - Refund of Contributions (ROC) - select an option below

For Accounts with a Beneficiary(ies) residing in Quebec, a ROC will be considered to have been made pro rata in respect of each Beneficiaries' contributions in the Plan in the following order as permitted by Revenue Quebec: year-to-date contributions, then contributions that gave rise to Quebec Education Savings Incentive (QESI), then contributions that did not give rise to QESI, in the order they were received. Be advised that if you make a request for a ROC during a taxation year, the Beneficiaries of the Plan may not be entitled to QESI for that taxation year. **You should consult your financial Advisor and tax Advisor before making any request for a ROC so that you are fully aware of all the implications of making the request.**

Post-Secondary Education (PSE) Capital Withdrawal - amount _____

Capital Withdrawal for Non-Educational Purposes - amount _____

Section D - Accumulated Income Payment (AIP) - select an option below

Note: As applicable, in case of multiple Subscribers, if more than one is requesting an AIP, Payment must be made separately to each and not jointly. Use separate CIBC ISI RESP Withdrawal Form for each Subscriber.

Name of Receiving Subscriber

Will the receiving Subscriber be a Canadian resident at the time of the AIP withdrawal? Yes No

If No, the receiving individual is not eligible for AIP. The income will have to go to a Designated Educational Institution.

Are all the past and present Beneficiaries of the RESP at least 21 years of age and not eligible to receive an EAP, or deceased? Yes No

If No, an AIP cannot be made unless the Canada Revenue Agency has provided a waiver based on a beneficiary's mental impairment.

Has at least 9 years elapsed since the end of the year in which the RESP was opened? Yes No

If No, an AIP cannot be made unless the Canada Revenue Agency has provided a waiver based on a beneficiary's mental impairment.

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:

Name

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 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 _____

