



Schedule "A"

Account No.

Particulars of additional Beneficiaries for your Family Scotia Self-directed Education Savings Plan

Designation of Beneficiaries

The following person(s) is (are) designated as Beneficiary (Beneficiaries) entitled to receive educational assistance payments under this Plan. Subscribers have the right to change beneficiaries at any time by giving notice in the manner required by the Trustee.

Beneficiary

Please indicate Beneficiary Number in box.

Beneficiaries must be connected to the Subscriber(s) by blood relationship or adoption within the meaning of the applicable tax legislation.

Complete only if different from Subscriber and Beneficiary is under 18.

First Name	Initial	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship to Subscriber	Social Insurance Number	Date of Birth (YYYYMMDD)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address			Suite/Apt.
<input type="text"/>			<input type="text"/>
City	Province	Postal Code	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	() -
c/o Custodial Parent or Public Primary Caregiver Name			
<input type="text"/>			
Street Address			Suite/Apt.
<input type="text"/>			<input type="text"/>
City	Province	Postal Code	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	() -

FOR CANADA EDUCATION SAVINGS GRANT PURPOSES

PLEASE CHECK ONE

CANADIAN RESIDENT

Yes No

Note: This Beneficiary must currently be a Canadian resident in order to be added to an RESP account unless a transfer is being made from another existing RESP for this Beneficiary.

Beneficiary

Please indicate Beneficiary Number in box.

Beneficiaries must be connected to the Subscriber(s) by blood relationship or adoption within the meaning of the applicable tax legislation.

Complete only if different from Subscriber and Beneficiary is under 18.

First Name	Initial	Surname	
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Street Address			Suite/Apt.
<input type="text"/>			<input type="text"/>
City	Province	Postal Code	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	() -
c/o Custodial Parent or Public Primary Caregiver Name			
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<input type="text"/>	<input type="text"/>	<input type="text"/>	() -

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CANADIAN RESIDENT

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Beneficiary

Please indicate Beneficiary Number in box.

Beneficiaries must be connected to the Subscriber(s) by blood relationship or adoption within the meaning of the applicable tax legislation.

If there is insufficient space available for the number of Beneficiaries desired, please attach an additional Schedule "A".

Complete only if different from Subscriber and Beneficiary is under 18.

First Name	Initial	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship to Subscriber	Social Insurance Number	Date of Birth (YYYYMMDD)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address			Suite/Apt.
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City	Province	Postal Code	Phone
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c/o Custodial Parent or Public Primary Caregiver Name			
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City	Province	Postal Code	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	() -

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PLEASE CHECK ONE

CANADIAN RESIDENT

Yes No

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