



For Promoter Use Only

# Canada Education Savings Grant Application

Protected "B" When Completed - Personal Information Bank HRSDC PPU 506

## Part A - Subscriber

**Instructions :**

1. Read this document carefully. If you have any questions, do not hesitate to ask the Promoter.
2. This form is valid only if completed, signed, dated and given to the Promoter. Do not send directly to HRSDC.
3. Please print clearly. Keep a copy for your records.

|   |                            |                      |                     |
|---|----------------------------|----------------------|---------------------|
| <b>Subscriber</b><br>(Is this you? Please see explanation below)            | Last Name                  | First Name           | Middle/Initial      |
|   | Address                    |                      | Postal Code         |
| or Name of Agency and Name of Representative                                |                            | Business Number      |                     |
|   |                            |                      |                     |
| <b>Joint Subscriber</b><br>(If applicable - may be the Subscriber's Spouse) | Last Name                  | First Name           | Middle Name/Initial |
|   |                            |                      |                     |
| <b>Beneficiary</b><br>(Please see explanation below)                        | Last Name                  | First Name           | Middle Name/Initial |
|   |                            |                      |                     |
| <b>Promoter</b><br>(This block to be completed by the Promoter)             | Name, Address, Postal Code |                      | Telephone           |
|   |                            |                      |                     |
| RESP Specimen Plan Number   |                            | RESP Contract Number |                     |

**Explanation of Key Words \***

**Agent** - Organization through which the Trustee (or the Promoter) may exercise and perform its powers, duties and functions in accordance with their respective agreement with Human Resources and Skills Development Canada.

**Beneficiary** - Individual who will receive money to help pay for his or her post-secondary education (e.g. college, university, or trade school), if they qualify under the terms of the Registered Education Savings Plan (RESP).

**Custodial Parent or Legal Guardian** - Individual, department, agency or institution that has the responsibility of taking care of the child and the legal right to make decisions affecting the child's interests.

**Promoter** - Individual or organization offering an RESP to the public and who will open an RESP for the Subscriber.

**Subscriber** - Individual or Child Care Agency who opens an RESP, names one or more Beneficiaries and may deposit money (contributions) for them into the RESP.

**Trustee** - Financial organization that invests, administers and distributes the money in the RESP for the Beneficiary.

**\*Note:** The above explanations are provided for your information only and do not constitute the legal definitions. In the event of a discrepancy, the legal definitions found in the *Canada Education Savings Act* and the *Income Tax Act* shall prevail.

**Your Privacy Rights**

Human Resources and Skills Development Canada protects the confidentiality of your personal information. We cannot give your personal information to any person or organization without your written consent, except where authorized by legislation. You (or your authorized representative) have the right to request a copy of the information in your file.

Personal information and other information included on this form will be kept in Personal Information Bank "HRSDC PPU 506" of Human Resources and Skills Development Canada. The data banks use the beneficiary SIN as the primary identification field. The beneficiary's SIN is collected under the authority of the Canada Education Savings Act.

Instructions for obtaining a copy of your personal information can be found in *Info Source*. You can get a printed copy of *Info Source* at Human Resources Centres of Canada or by calling 1 800 O-Canada (1 800 622-6232) or you may view the information at [www.infosource.gc.ca](http://www.infosource.gc.ca).

**Where to get more information about the Canada Education Savings Program:**

**Phone:** 1 888 276-3624  
1 800 465-7735 for TTY users only

**E-mail:** [cesp-pcee@hrsd-rhdsc.gc.ca](mailto:cesp-pcee@hrsd-rhdsc.gc.ca)

**Internet:** [www.hrsdc-rhdsc.gc.ca](http://www.hrsdc-rhdsc.gc.ca)





**Part A - Subscriber (continued)**

**Conditions**

1. In order for the Canada Education Savings Grant to be paid, the Beneficiary must be resident in Canada at the time of each contribution to the RESP.
2. If the Beneficiary is 16 or 17, at least one of the following must have occurred in order for the Beneficiary to be eligible for the Canada Education Savings Grant:
  - in any four years before the end of the year in which the Beneficiary turned 15, a total of at least \$100 per year must have been contributed to one or more RESPs in respect of the Beneficiary, and not withdrawn; or
  - a total of at least \$2,000 must have been contributed to one or more RESPs in respect of the Beneficiary before the end of the year in which the Beneficiary turns 15, and not withdrawn.

**Sharing of your Personal Information**

I understand that:

1. The authority of the Government of Canada to collect, share, and use personal information and other information included on this form for the purposes described below is provided under the *Department of Human Resources and Skills Development Act*, the *Canada Education Savings Act* and the *Income Tax Act*. Once under the control of Human Resources and Skills Development Canada, that information is administered in accordance with all applicable laws including the *Canada Education Savings Act*, the *Privacy Act* and the *Department of Human Resources and Skills Development Act*. Once under the control of the Canada Revenue Agency, that information is administered in accordance with all applicable laws including the *Privacy Act* and the *Income Tax Act*.
2. The information included on this form and the information respecting the RESP may be used by and shared between Human Resources and Skills Development Canada, the Canada Revenue Agency, the Promoter, the Trustee and their Agents for the administration (which may include policy analysis, research and evaluation) of the *Canada Education Savings Act* and the *Income Tax Act*.
3. My name and address will be shared with the Beneficiary or, if the Beneficiary is under the age of 19 years and either ordinarily resides with a parent or is maintained by a public Primary Caregiver, my name and address will be shared with that parent or public Primary Caregiver.

**Declaration and Consent of the Subscriber**

I authorize the Promoter to ask the Trustee to apply for the Canada Education Savings Grant in respect of the Beneficiary.

I confirm that the Beneficiary meets the residency requirements set out above and agree to inform the Trustee if, at any time, there is a change in the Beneficiary's circumstances.

I have read and understood this document. I understand that the *Privacy Act* gives me (or my authorized representative) the right to access or request correction to my personal information kept in my government file.

Yes  No I consent to the use and sharing of my personal information as mentioned above.

**NOTE:** I understand that the provision of the information is voluntary and that I am not required to give my consent; however, if I do not give my consent, Human Resources and Skills Development Canada cannot pay the Canada Education Savings Grant to the Trustee in respect of the RESP Beneficiary.

\_\_\_\_\_  
Subscriber's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Subscriber's Signature (if applicable)

\_\_\_\_\_  
Date



For Promoter Use Only

# Canada Education Savings Grant Application

Protected "B" When Completed - Personal Information Banks HRSDC PPU 506 and HRSDC PPU 390

## Part B - Custodial Parent or Legal Guardian, or Beneficiary aged 18 or older

**Instructions :**

1. You are asked to complete this form because an application has been made for the Canada Education Savings Grant either for you, the beneficiary aged 18 or older, or for the beneficiary for whom you are the Custodial Parent or Legal Guardian.
2. Read this document carefully. If you have any questions, do not hesitate to ask the Promoter identified below.
3. This form is valid only if completed, signed, dated and given to the Promoter. Do not send directly to HRSDC.
4. Please print clearly. Keep a copy for your records.

|  |  |                               |                                 |
|--|--|-------------------------------|---------------------------------|
| <b>Custodial Parent or Legal Guardian</b><br>(Is this you? Please see explanation below) | Last Name                                    | First Name                    | Middle Name/Initial             |
|  | or Name of Agency and Name of Representative |                               |                                 |
| <b>Beneficiary</b><br>(Please see explanation below - enter name as on SIN card)         | Last Name                                    | First Name                    | Middle Name/Initial             |
|  | Date of Birth                                | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
|  | Social Insurance Number                      |                               |                                 |
| <b>Promoter</b><br>(This block to be completed by the Promoter)                          | Name, Address, Postal Code                   |                               | Telephone                       |
|  | RESP Specimen Plan Number                    |                               | RESP Contract Number            |

**Explanation of Key Words \***

**Agent** - Organization through which the Trustee (or the Promoter) may exercise and perform its powers, duties and functions in accordance with their respective agreement with Human Resources and Skills Development Canada.

**Beneficiary** - Individual who will receive money to help pay for his or her post-secondary education (e.g. college, university, or trade school), if they qualify under the terms of the Registered Education Savings Plan (RESP).

**Custodial Parent or Legal Guardian** - Individual, department, agency or institution that has the responsibility of taking care of the child and the legal right to make decisions affecting the child's interests.

**Promoter** - Individual or organization offering an RESP to the public and who will open an RESP for the Subscriber.

**Subscriber** - Individual or Child Care Agency who opens an RESP, names one or more Beneficiaries and may deposit money (contributions) for them into the RESP.

**Trustee** - Financial organization that invests, administers and distributes the money in the RESP for the Beneficiary.

**\*Note:** The above explanations are provided for your information only and do not constitute the legal definitions. In the event of a discrepancy, the legal definitions found in the *Canada Education Savings Act* and the *Income Tax Act* shall prevail.

**Your Privacy Rights**

Human Resources and Skills Development Canada protects the confidentiality of your personal information. We cannot give your personal information to any person or organization without your written consent, except where authorized by legislation. You (or your authorized representative) have the right to request a copy of the information in your file.

Personal information and other information included on this form will be kept in Personal Information Banks "HRSDC PPU 506" and "HRSDC PPU 390" of Human Resources and Skills Development Canada. The data banks use the beneficiary SIN as the primary identification field. The beneficiary's SIN is collected under the authority of the Canada Education Savings Act.

Instructions for obtaining a copy of your personal information can be found in *Info Source*. You can get a printed copy of *Info Source* at Human Resources Centres of Canada or by calling 1 800 O-Canada (1 800 622-6232) or you may view the information at [www.infosource.gc.ca](http://www.infosource.gc.ca).

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**Internet:** [www.hrsdc-rhdsc.gc.ca](http://www.hrsdc-rhdsc.gc.ca)





**Part B - Custodial Parent or Legal Guardian, or Beneficiary aged 18 or older (continued)**

**Sharing of your Personal Information**

I understand that:

1. The Subscriber intends to open an RESP with the Promoter that will have the Promoter pay or cause to be paid Educational Assistance Payments out of the RESP for the Beneficiary.
2. The Subscriber has requested that a payment of the Canada Education Savings Grant be paid into the RESP in respect of the Beneficiary.
3. The authority of the Government of Canada to collect, share, and use personal information and other information included on this form for the purposes described below is provided under the *Department of Human Resources and Skills Development Act*, the *Canada Education Savings Act* and the *Income Tax Act*. Once under the control of Human Resources and Skills Development Canada, that information is administered in accordance with all applicable laws including the *Canada Education Savings Act*, the *Privacy Act* and the *Department of Human Resources and Skills Development Act*. Once under the control of the Canada Revenue Agency, that information is administered in accordance with all applicable laws including the *Privacy Act* and the *Income Tax Act*.
4. The information included on this form may be used by and shared between Human Resources and Skills Development Canada, the Canada Revenue Agency, the Promoter, the Trustee and their Agents for the administration (which may include policy analysis, research and evaluation) of the *Canada Education Savings Act* and the *Income Tax Act*.

**Declaration and Consent of the Custodial Parent or Legal Guardian, or Beneficiary aged 18 or older**

I confirm that I am the Custodial Parent or Legal Guardian of the Beneficiary, or I am the Beneficiary aged 18 or older.

I have read and understood this document. I understand that the *Privacy Act* gives me (or my authorized representative) the right to access or request correction to the Beneficiary's personal information kept in the government file.

Yes    No    I consent to the use and sharing of the Beneficiary's personal information as mentioned above.

**NOTE:** I understand that the provision of the information is voluntary and that I am not required to give my consent; however, if I do not give my consent, Human Resources and Skills Development Canada cannot pay the Canada Education Savings Grant to the Trustee in respect of the RESP Beneficiary.

\_\_\_\_\_  
Signature of the Custodial Parent or Legal Guardian,  
or of the Beneficiary aged 18 or older

| y | y | y | y | | m | m | | d | d | |

\_\_\_\_\_  
Date