

Section A – Applying for Grant YES – Appropriate Government Grant Form is attached.
 NO

Section B – Account Information

Mackenzie Account No. _____

Subscriber's Last Name _____ First Name _____

Joint Subscriber's Last Name _____ First Name _____
(if applicable)

Section C – New Beneficiary Details Required

Beneficiary's Last Name _____ First Name _____

Date of Birth (DD/MM/YYYY) _____

Social Insurance Number _____

Nature of Principal Business or Occupation Child Student Other _____

Gender: Female Male

Beneficiary's Relationship to the Subscriber(s):
 Child Grandchild Sibling

Section D – Complete this section if the new beneficiary is not the child of the Subscriber(s)

Custodial Parent's Last Name _____ First Name _____

Custodial Parent's Address _____

Please confirm the relationship between the new beneficiary and the current beneficiary(ies) on the account: Siblings
 Cousins

Section E – Subscriber(s) Authorization

Subscriber's Signature _____ **Date** _____

Joint Subscriber's Signature _____ **Date** _____
(if applicable)

Notes:

Additional beneficiaries can only be added to a Family RESP
Beneficiary must be connected to the subscriber(s) by blood relationship or adoption as defined by the Income Tax Act
Beneficiary must be under the age of 21 at the time of inclusion onto the plan
All beneficiaries on a Family RESP must be siblings in order to be eligible to receive the Additional CESG, CLB, SAGES, BCTESG and/or additional QESI