

# RAYMOND JAMES®

## RESP EAP & PSE Request Form

### Educational Assistance Payment & Post Secondary Education Capital Withdrawal

<b>Request Date:</b>	_____
<b>RJL RESP Acct #:</b>	_____
<b>Subscriber's Name:</b>	_____
<b>Joint Subscriber's Name:</b>	_____

I/we authorize you to make an RESP withdrawal as indicated below:

<b>EAP (Educational Assistance Payment) requested:</b>	\$ _____ (1)	<b>Payable to:</b>
Taxable portion to beneficiary consisting of CESG and growth, plus non-taxable Principal (PSE) if necessary to complete this request		Subs. or Beneficiary (please circle one)
<b>PSE (Post Secondary Education Capital Withdrawal) requested:</b>	\$ _____ (2)	Subs. or Beneficiary (please circle one)
Non-taxable portion to subscriber consisting of Contributions (Principal)		
<b>Total Requested</b>	\$ _____ (1+2)	

**Subscriber's/Beneficiary's please carefully note the following:**

- The maximum amount of EAP that can be paid in the first 13 consecutive weeks ("the initial term") of a qualifying program is \$5,000. After a beneficiary has completed this initial term there is no limit on the amount of EAP that can be paid if he/she continues to qualify for it.
- Withdrawals can only be made to cover school expenses (i.e. tuition, books, residence, school travel). If there is a 12-month period in which the beneficiary is not enrolled in a qualifying educational program the maximum \$5,000 rule will re-apply. If qualifying expenses are substantially higher in the initial term then a supplementary request form can be submitted to CESP for their approval.
- Full-time enrollment in a qualified program is required for an EAP to be made. A full-time program must last at least 3 consecutive weeks, requiring each beneficiary to spend no less than 10 hours per week on courses or work in the program. Qualifying courses outside of Canada must be at a post-secondary level and College or other institution must be full-time and last at least 13 consecutive weeks. University courses must be full-time and must last at least 3 consecutive weeks.
- For part-time study that does not fit into the above requirement, the beneficiary can receive a maximum EAP of \$2500 for each 13 week semester of part-time study in a program requiring at least 12 hours per month of course time (course must last at least 3 weeks).
- Proof in the form of a copy of a tuition fee invoice, with supporting evidence of the course breakdown/credits or words indicating full-time or part-time status or a copy of a letter from the Registrar confirming enrollment status is acceptable. Please note request submissions must be made within 6 months of course completions. Taxable withdrawals will generate T4A receipts each February.

**Beneficiary's name:** \_\_\_\_\_

**Beneficiary's address:** \_\_\_\_\_  
\_\_\_\_\_

<b>Subscriber's signature(s):</b> _____	<b>Date:</b> _____
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This document and all related documents, including all notices, are available in the French language. The Client has expressly requested that these documents be in the English language. Ce document et tous les documents qui s'y rattachent, y compris tous les avis, sont disponibles en version française. Le client a expressément demandé que ces documents soient en langue anglaise.

For Registered Plans Department use only:		
Withdrawal EAP/PSE Request	Date: _____	Acct #: _____

**Post-Secondary Education Institution Information**

School Name: \_\_\_\_\_

School Type (tick only one): \_\_\_\_\_ Code 1 - University  
\_\_\_\_\_ Code 2 - Community College  
\_\_\_\_\_ Code 3 - Private Trade, Vocational or Career College  
\_\_\_\_\_ Code 4 - Other: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postal Code (required) \_\_\_\_\_

Original Academic Start Date: \_\_\_\_\_

Current Term Start Date: \_\_\_\_\_

School Year Length: \_\_\_\_\_ weeks

Program Year: \_\_\_\_\_ year of program (i.e. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.)

Program Length: \_\_\_\_\_ years

**For Registered Plans Department Use Only**

Payable to Beneficiary

EAP Amount Requested:	_____	
Grant Portion:	_____	Growth Portion: _____
P-BOND Portion:	_____	CLB Portion: _____
Principle Portion:	_____	
Amount to be reported on box 42 of T4A	_____	

Payable to Subscriber (unless requested otherwise)

PSE Amount Requested: \_\_\_\_\_ PSE Amount Paid: \_\_\_\_\_