



Higher Learning RESP Beneficiary Addition/Change Form

Once form is completed forward to CIBC Investor Services Inc.

CIBC Investor Services Inc.
Transit 3202
Client File Administration
161 Bay Street, 4th Floor
Toronto, ON M5J 2S8

Title	Subscriber's First Name	Subscriber's Middle Name	Last Name
Title	Joint Subscriber's First Name	Joint Subscriber's Middle Name	Last Name

Account Imperial Investor Service CIBC Financial Planning CIBC Investor's Edge

Registered Education Savings Plans (RESP) Family Plan: Are all of the beneficiaries siblings? Yes No

Beneficiary Information

*Complete form SDE 0093 A-B along with a photocopy of the beneficiary's Social Insurance Number card is required to add a new beneficiary.

Beneficiary 1

Add Beneficiary* Remove Beneficiary Change Allocation Update Information

First Name	Middle Name	Last Name
Birth Date (Month day, year)		Allocation per contribution (%)

Same as Subscriber named above **OR**

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

City	Province/Territory	Postal Code
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Gender Male Female Another gender If your beneficiary lives in Quebec, choose male or female.

Relationship to Subscriber	Occupation	Social Insurance Number (Mandatory)
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Mandatory if beneficiary is under 19 years of age and the subscriber is not the parent or legal guardian.

Name of Parent or Guardian (if the relationship is not parent or guardian)	Parent/Guardian Social Insurance Number (SIN)	Residency
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Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)

City	Province/Territory	Postal Code
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Beneficiary 2

Add Beneficiary* Remove Beneficiary Change Allocation Update Information

First Name	Middle Name	Last Name
Birth Date (Month day, year)		Allocation per contribution (%)

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Beneficiary 2 (continued)

Same as Subscriber named above **OR**

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

City	Province/Territory	Postal Code
_____	_____	_____

Gender Male Female Another gender If your beneficiary lives in Quebec, choose male or female.

Relationship to Subscriber	Occupation	Social Insurance Number (Mandatory)
_____	_____	_____

Mandatory if beneficiary is under 19 years of age and the subscriber is not the parent or legal guardian.

Name of Parent or Guardian (if the relationship is not parent or guardian)	Parent/Guardian Social Insurance Number (SIN)	Residency
_____	_____	_____

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

City	Province/Territory	Postal Code
_____	_____	_____

To add or update information for additional beneficiaries, complete another copy of this form 8380 (Higher Learning RESP Beneficiary Addition/Change Form).

Check here if additional form attached

(Optional)

If you do not indicate a % allocation for each beneficiary, allocations will be distributed evenly among beneficiaries. Total allocations must equal 100%.

Beneficiary (print names)	Allocation %
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
Total	100%

_____ Date (Month day, year)	X	_____ Subscriber's Signature (sign within box)
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_____ Date (Month day, year)	X	_____ Joint Subscriber's Signature (sign within box)
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_____ Date (Month day, year)	X	_____ CIBC Investor Services Inc. Acknowledgement (sign within box)
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