



RESP Withdrawal Form

Note: All of these withdrawals are subject to the terms and requirements of the applicable CIBC Investor's Edge or Imperial Investor Service Education Savings Plan Agreement, the *Income Tax Act (Canada)* and the *Canada Education Savings Act* and the *Taxation Act (Quebec)*. Where applicable, capitalized terms have the meaning as set out in the Trust Agreement. Please ensure to enter Joint Subscriber information if applicable.

RESP Account Number _____ Date (Month day, year) _____

Subscriber

First Name _____ Initial _____ Last Name _____ Telephone Number _____ Ext. _____ Social Insurance Number _____

Joint Subscriber (if applicable):

First Name _____ Initial _____ Last Name _____ Telephone Number _____ Ext. _____ Social Insurance Number _____

Withdrawal Type

Please select applicable Options; if your response is YES, please complete Sections on *Post-Secondary Program Information*, *Beneficiary Information*, and Sub-Sections 1. *Educational Assistance Payment (EAP)* or 2. *Refund of Contribution (ROC)* or both;

If your response is NO, please complete Sub-Sections 2. *Refund of Contribution (ROC)*, 3. *Accumulated Income Payment (AIP)*, 4. *Over Contribution Withdrawal*, 5. *Payment of Accumulated Income to Designated Educational Institution*

Is this withdrawal for educational purposes?

EAP is comprised of Canada Education Savings Grant, Canada Learning Bond and any provincial matching programs, plus any investment income earned inside the RESP.

Yes - Educational Assistance Payment (EAP)

PSE is comprised of contributions made to the plan

Yes - Post Secondary Education Capital Withdrawal (PSE)

Post-Secondary Program Information

Name of Post Secondary Institution _____

Address _____ City _____

Province/State _____ Postal Code/Zip Code _____ Country _____

Academic Program Type

University Community College (in Quebec, CEGEP) Private Trade, Vocational or Career College Other _____

Length of program from 1 to 9 years; 1 indicates less than 1 year and must be at least 3 consecutive weeks if in Canada or if at a university outside Canada and enrolled on a fulltime basis; for other programs outside of Canada, must be at least 13 consecutive weeks.

Program Length **
(entire course in years)

Note: Program Year has to be equal to or less than Program Length.

Program Hours/Week
(current year of program)

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Start Date must not be more than 18 months from Today's Date. Beneficiary is not eligible for an EAP withdrawal as the application is being submitted too early. Please ensure your school start date is within 18 months of applying for an EAP withdrawal.

Likewise, Beneficiary is not eligible for an EAP withdrawal as Beneficiary is not attending or has attended within a 6-month period after enrolment has ceased at a qualifying post-secondary institution. Please retain new proof of enrolment if applicable. Please clear the Consecutive Program Weeks per Year field, before changing the start date.

Start Date of Current School
Year (Month day, year)

Consecutive Program Weeks per Year
(for current year of program)

Please enter a value equal to or less than 52 weeks as there are only 52 weeks in a year. Also note, Beneficiary is required to be enrolled in at least 3 weeks consecutively if in Canada or, if at a university outside of Canada, must be enrolled at least 13 weeks consecutively.

Program Hours/week (entire course in years)

Please ensure the Proof of Enrollment indicates your correct student status.

Program Status: Full Time
 Part Time

Proof of Enrollment

The following information is required:

- School letterhead or logo
- Student's name
- Student ID number
- Current academic year
- Full-time or part-time status

Please select type of proof obtained from below:

- Confirmation of Enrollment
 Tuition Invoice from the Registrar's Office

Beneficiary Information

Beneficiary Last Name

First and Middle Name(s)

Is the Beneficiary address same as Subscriber address? If yes, click the check box to pre-populate the address.

Address

City

Province

Postal Code

Telephone Number

Social Insurance Number

1. Educational Assistance Payment (EAP)

- EAP is comprised of Canada Education Savings Grant, Canada Learning Bond and any provincial matching programs, plus any investment income earned inside the RESP. If Beneficiary's program status is Full Time and EAP amount requested is more than \$5,000 and this is the first EAP to the Beneficiary from this RESP, the Beneficiary cannot receive more than \$5,000 in EAP during the first 13 consecutive weeks of enrolment, unless written approval has been provided from the Canada Education Savings Act. To request an EAP greater than the above limit, contact Registered Products Dept to request for a written application to be sent to the CESP.
- If Beneficiary's program status is Part Time and EAP amount requested is more than \$2,500 and this is the first EAP to the Beneficiary from this RESP, the Beneficiary cannot receive more than \$2,500 in EAP during the first 13 consecutive weeks of enrolment, unless written approval has been provided from the Canada Education Savings Act. To request an EAP greater than the above limit, contact Registered Products Dept to request for a written application to be sent to the CESP.

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- There is also a limit for EAP withdrawal per year: If Beneficiary requires more than this amount, then the Canada Revenue Agency requires the Subscriber to also provide an itemized listing of the education related expenses the funds will be used to pay. This information will be used to assess the reasonableness of withdrawal amount to ensure that the conditions permitting an EAP are met.

Is this the first EAP to the Beneficiary from this RESP? Yes No

Note: EAP amounts include all applicable grants received and income earned within the plan. For a beneficiary to be eligible to receive an EAP, the EAP withdrawal must be used to assist the Beneficiary to further his/her post-secondary education.

Regardless of who the EAP is made to, an EAP is considered taxable income of the beneficiary in the year of payment. The total amount of EAP may not exceed the total amount of CESG and accumulated income within the RESP, as determined under the Canada Education Savings Act, on the date of withdrawal. Any amount withdrawn that exceeds the total amount of CESG and accumulated income, must be withdrawn as a Refund of Contributions.

Please select an option to Transfer EAP

Option 1: For In Cash, please provide the Amount Requested _____ Display Dollar sign (\$) with 2 decimal places upon pressing the

Enter Key

Option 2: For In Kind, , please provide details below or in an attached list for the transfer of Investments and/or cash balance.

1.	<input type="radio"/> Shares/Units	Specify quantity	Specify Amount
	<input type="radio"/> Dollars	_____	_____
	Investment Description, Symbol, Certificate, Policy Number or Currency		

2.	<input type="radio"/> Shares/Units	Specify quantity	Specify Amount
	<input type="radio"/> Dollars	_____	_____
	Investment Description, Symbol, Certificate, Policy Number or Currency		

3.	<input type="radio"/> Shares/Units	Specify quantity	Specify Amount
	<input type="radio"/> Dollars	_____	_____
	Investment Description, Symbol, Certificate, Policy Number or Currency		

Option 3: For Both in-cash and in-kind, Please provide the Amount Requested _____ and provide details below or in an attached list for the transfer of Investments and/or cash balance.

1.	<input type="radio"/> In-Kind (transfer investment or cash "as is")	<input type="radio"/> Sell investment (in cash)	
	Investment Description, Symbol, Certificate, Policy Number or Currency		

	<input type="radio"/> All	<input type="radio"/> Shares/Units	<input type="radio"/> Dollars
	If not All, Specify quantity	If not All, Specify Amount	
	_____	_____	

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2. In-Kind (transfer investment or cash "as is") Sell investment (in cash)

Investment Description, Symbol, Certificate, Policy Number or Currency

- All Shares/Units Dollars

If not All, Specify quantity

If not All, Specify Amount

3. In-Kind (transfer investment or cash "as is") Sell investment (in cash)

Investment Description, Symbol, Certificate, Policy Number or Currency

- All Shares/Units Dollars

If not All, Specify quantity

If not All, Specify Amount

Is the beneficiary a Canadian Resident at the time of withdrawal? Yes No

Note: A non-resident Beneficiary is only eligible to receive the earnings within the Plan. All grants must remain in the Account. Non-resident withholding tax will be deducted.

For the EAP to include Quebec Education Savings Incentive (QESI) the Beneficiary must reside in Quebec.

2. Refund of Contributions (ROC)

For Accounts with a Beneficiary(ies) residing in Quebec, a ROC will be considered to have been made pro rata in respect of each Beneficiaries' contributions in the Plan in the following order as permitted by Revenue Quebec: year-to-date contributions, then contributions that gave rise to Quebec Education Savings Incentive (QESI), then contributions that did not give rise to QESI, in the order they were received. Please be advised that if you make a request for a ROC during a taxation year, the Beneficiaries of the Plan may not be entitled to QESI for that taxation year. **You should consult your financial Advisor and tax Advisor before making any request for a ROC so that you are fully aware of all the implications of making the request.**

2A. Post- Secondary Education (PSE) Capital Withdrawal:

Please select an option for PSE Capital Withdrawal

Option 1: For In Cash, please provide the Amount Requested _____ Display Dollar sign (\$) with 2 decimal places upon pressing the Enter Key

Option 2: For In Kind, please provide details below or in an attached list for the transfer of Investments and/or cash balance.

1. Shares/Units Specify quantity _____ Specify Amount _____
 Dollars _____

Investment Description, Symbol, Certificate, Policy Number or Currency

2. Shares/Units Specify quantity _____ Specify Amount _____
 Dollars _____

Investment Description, Symbol, Certificate, Policy Number or Currency

3. Shares/Units Specify quantity _____ Specify Amount _____
 Dollars _____

Investment Description, Symbol, Certificate, Policy Number or Currency

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Option 3: For Both in-cash and in-kind, Please provide the Amount Requested _____ and provide details below or in list for the transfer of Investments and/or cash balance.

1. In-Kind (transfer investment or cash "as is") Sell investment (in cash)

Investment Description, Symbol, Certificate, Policy Number or Currency

All Shares/Units Dollars

If not All, Specify quantity _____ If not All, Specify Amount _____

2. In-Kind (transfer investment or cash "as is") Sell investment (in cash)

Investment Description, Symbol, Certificate, Policy Number or Currency

All Shares/Units Dollars

If not All, Specify quantity _____ If not All, Specify Amount _____

3. In-Kind (transfer investment or cash "as is") Sell investment (in cash)

Investment Description, Symbol, Certificate, Policy Number or Currency

All Shares/Units Dollars

If not All, Specify quantity _____ If not All, Specify Amount _____

2B. Capital Withdrawal for Non-Educational Purposes:

Please select an option for Capital Withdrawal for Non-Educational Purposes

Option 1: For In Cash, please provide the Amount Requested _____ Display Dollar sign (\$) with 2 decimal places upon pressing the Enter Key

Option 2: For In Kind, please provide details below or in an attached list for the transfer of Investments and/or cash balance.

1. Shares/Units Specify quantity _____ Specify Amount _____
 Dollars _____

Investment Description, Symbol, Certificate, Policy Number or Currency

2. Shares/Units Specify quantity _____ Specify Amount _____
 Dollars _____

Investment Description, Symbol, Certificate, Policy Number or Currency

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3. Shares/Units Specify quantity Specify Amount
 Dollars _____
Investment Description, Symbol, Certificate, Policy Number or Currency

Option 3: For Both in-cash and in-kind, Please provide the Amount Requested _____ and provide details below or in or in an attached list for the transfer of Investments and/or cash balance.

1. Shares/Units Specify quantity Specify Amount
 Dollars _____
Investment Description, Symbol, Certificate, Policy Number or Currency

2. Shares/Units Specify quantity Specify Amount
 Dollars _____
Investment Description, Symbol, Certificate, Policy Number or Currency

3. Shares/Units Specify quantity Specify Amount
 Dollars _____
Investment Description, Symbol, Certificate, Policy Number or Currency

3. Accumulated Income Payment (AIP)

Note: As applicable, in case of multiple Subscribers, if more than one is requesting an AIP, Payment must be made separately to each and not jointly. Please use separate CIBC ISI RESP Withdrawal Form for each Subscriber.

Name of Receiving Subscriber: _____

Will the receiving Subscriber be a Canadian resident at the time of the AIP withdrawal? Yes No

If No, the receiving individual is not eligible for AIP. The income will have to go to a Designated Educational Institution

Are all the past and present Beneficiaries of the RESP at least 21 years of age and not eligible to receive an EAP, or deceased? Yes No

If no, an AIP cannot be made unless the Canada Revenue Agency has provided a waiver based on a beneficiary's mental impairment.

Has at least 9 years elapsed since the end of the year in which the RESP was opened? Yes No

If no, an AIP cannot be made unless the Canada Revenue Agency has provided a waiver based on a beneficiary's mental impairment.

3A. AIP Withdrawal

Note: An AIP Withdrawal will be subject to withholding of income tax plus a special tax of 20%.

The Subscriber is required to complete prescribed [Form T1172](#), *Additional Tax On Accumulated Income Payments From RESPs* for each transfer request and submit a copy with the withdrawal form.

Please select an Option for AIP Withdrawal

Option 1: For In Cash, please provide the Amount Requested _____ Display Dollar sign (\$) with 2 decimal places upon pressing the Enter Key

Option 2: For In Kind, please provide details below or in an attached list for the transfer of Investments and/or cash balance.

1. Shares/Units Specify quantity Specify Amount
 Dollars _____
Investment Description, Symbol, Certificate, Policy Number or Currency

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2. Shares/Units Specify quantity Specify Amount
 Dollars _____
Investment Description, Symbol, Certificate, Policy Number or Currency

3. Shares/Units Specify quantity Specify Amount
 Dollars _____
Investment Description, Symbol, Certificate, Policy Number or Currency

Option 3: For Both in-cash and in-kind, Please provide the Amount Requested _____ and provide details below or in or in an attached list for the transfer of Investments and/or cash balance.

1. In-Kind (*transfer investment or cash "as is"*) Sell investment (*in cash*)
Investment Description, Symbol, Certificate, Policy Number or Currency

All Shares/Units Dollars

If not All, Specify quantity _____ If not All, Specify Amount _____

2. In-Kind (*transfer investment or cash "as is"*) Sell investment (*in cash*)
Investment Description, Symbol, Certificate, Policy Number or Currency

All Shares/Units Dollars

If not All, Specify quantity _____ If not All, Specify Amount _____

3. In-Kind (*transfer investment or cash "as is"*) Sell investment (*in cash*)
Investment Description, Symbol, Certificate, Policy Number or Currency

All Shares/Units Dollars

If not All, Specify quantity _____ If not All, Specify Amount _____

Option 4: All, Please provide the Amount Requested _____

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3B. AIP Rollover to RRSP

Note: For an AIP rollover to an RRSP, the receiving RRSP must be either a non-spousal plan of the receiving Subscriber or a spousal plan of the receiving Subscriber's spouse/common-law partner. The receiving Subscriber must ensure that he/she has sufficient unused RRSP deduction room. The maximum lifetime limit for AIP rollovers is \$50,000. Please enter the Amount Requested

Amount Requested

The Subscriber is required to complete prescribed [Form T1171, Tax Withholding Waiver On Accumulated Income Payments From RESPs](#) for each transfer request and submit a copy with the withdrawal form. Please enter the required ISI Account Number

ISI Account Number
(required)

4. Over contribution Withdrawal

Subscriber(s) contributions have exceeded the lifetime limit of a Beneficiary under the Income Tax Act (Canada). Note. Over contribution withdrawals can be either a Post-Secondary Education (PSE) Capital Withdrawal or Capital Withdrawal for non-educational purposes. A capital withdrawal may require repayment of some of all Government Assistance. Please select over-contribution withdrawal type:

- Post-Secondary Education (PSE) Capital Withdrawal Capital Withdrawal for non-educational purposes.

Please provide the name of the Beneficiary that the over-contribution relates to: _____

- In Cash In Kind Both in-cash and in-kind
 All Amount requested

ISI Account Number
(required)

For In-Kind transfer, complete the following:

1. Shares/Units Specify quantity Specify Amount
 Dollars _____ _____

Investment Description, Symbol, Certificate, Policy Number or Currency

2. Shares/Units Specify quantity Specify Amount
 Dollars _____ _____

Investment Description, Symbol, Certificate, Policy Number or Currency

3. Shares/Units Specify quantity Specify Amount
 Dollars _____ _____

Investment Description, Symbol, Certificate, Policy Number or Currency

1. In-Kind (transfer investment or cash "as is") Sell investment (in cash)

Investment Description, Symbol, Certificate, Policy Number or Currency

All Shares/Units Dollars

If not All, Specify quantity If not All, Specify Amount
 _____ _____

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2. In-Kind (*transfer investment or cash "as is"*) Sell investment (*in cash*)

Investment Description, Symbol, Certificate, Policy Number or Currency

- All Shares/Units Dollars

If not All, Specify quantity

If not All, Specify Amount

3. In-Kind (*transfer investment or cash "as is"*) Sell investment (*in cash*)

Investment Description, Symbol, Certificate, Policy Number or Currency

- All Shares/Units Dollars

If not All, Specify quantity

If not All, Specify Amount

5. Payment of Accumulated Income to Designated Educational Institution

Note: This payment will not qualify as a charitable donation for income tax purposes. All grants and incentives in the Plan must be repaid to the appropriate government authority.

Name of Educational Institution

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

City

Country

Province/Territory

Postal Code

Payment Method:

Please choose one Payment Method option and where it should be forwarded to by completing the required corresponding details.

Forward Payment to: _____

Name of Account Holder

Institution Number

Transit

Account Number

Name of Account Holder

Institution Number

Transit

Account Number

Transit:

Suspense account:

Non-Registered Account Number:

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Role	Name
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Address

City	Province/Territory	Postal Code
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Name of Account Holder	Institution Number	Transit	Account Number
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Are you terminating the plan? Yes No

If yes, all Government Assistance in the Plan will be forfeited in accordance with Applicable Legislation and if an Accumulated Income Payment (AIP) cannot be made, that amount will be paid to the Designated Educational Institution named in Part 5, and if no such educational institution is named in Part 5, to the educational institution named by CIBC World Markets Inc. in accordance with the Trust Agreement.

Declaration:

The Subscriber _____, "You" at _____

declare that the information provided in this document is true, correct and complete in every respect. For withdrawals of an Educational Assistance Payment (EAP), You declare that such payment is to assist a Beneficiary to further the Beneficiary's educations at a post-secondary level. You understand that providing false and/or incomplete information may contravene the Applicable Legislation and may cause the RESP, the Subscriber(s), the Beneficiary(ies), CIBC World Markets Inc. as promoter, and/or CIBC Trust Corporation as trustee to suffer negative consequences under Canadian tax law. You agree to indemnify CIBC World Markets Inc., CIBC Trust Corporation and any of its affiliates for any such tax consequences. You understand that neither CIBC World Markets Inc. nor CIBC Trust Corporation represents or warrants the income tax treatment of any withdrawal from the RESP. You understand that a withdrawal from the Plan may require that Canada Education Savings Grants and Quebec Education Savings Incentive be refunded to the appropriate government authority and may also trigger taxes to a Beneficiary or a Subscriber or may result in a forfeiture of accumulated income to a Designated Educational Institution. Neither the Promoter nor the Trustee are able or responsible to know the total Government Assistance a Beneficiary receives from all RESPs for that individual. The Beneficiary is solely responsible for ensuring that any overpayments of Government Assistance or other monies made to him or her are repaid to the appropriate government authority.

Date (Month day, year)

X _____

Subscriber Signature (sign within box)

Date (Month day, year)

X _____

Beneficiary Signature (sign within box)

(Beneficiary signature is only required if an EAP is made payable to the Subscriber. If Beneficiary is under the age of majority, a signature is also required below.)

Date (Month day, year)

X _____

Custodial Parent or Legal Guardian Signature (sign within box)