

C CONTRIBUTION WITHDRAWAL APPLICATION FOR FLEX FIRST AND FAMILY SINGLE STUDENT PLANS



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Please use this application when you are ready to make a withdrawal of contributions from your RESP.

1	PLAN OPTIONS (SELECT ONE OPTION ONLY)		
<p>If your student will be entering an eligible post-secondary education (PSE) program this year:</p> <p><input type="checkbox"/> Option 1: Withdraw my contributions as a PSE withdrawal from the RESP agreement(s) listed below Complete sections 2 through 5 below</p> <p>If your student will not be entering an eligible post-secondary education (PSE) program this year and you are aware of the penalties¹ this withdrawal can trigger:</p> <p><input type="checkbox"/> Option 2: Withdraw my contributions as a Non-PSE withdrawal from the RESP agreement(s) listed below Complete sections 2, 4 and 5 below</p>			
2	SUBSCRIBER AND STUDENT INFORMATION		
RESP AGREEMENT NUMBER(S)			
SUBSCRIBER 1 NAME		EMAIL	MAILING ADDRESS
SUBSCRIBER 2 NAME		EMAIL	
STUDENT NAME		EMAIL	STUDENT ADDRESS
STUDENT SIN		IF DIFFERENT FROM SUBSCRIBER	
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>			
3	VERIFICATION OF ENROLMENT		
<p>We require verification of enrolment which you can easily download from your school's website or obtain from your school's Registrar's office. Please attach it to this application. If one is not available, please complete Section 3 below and affix your Registrar's seal/stamp prior to submission. An acceptance letter or offer of admission is NOT valid.</p>			
TYPE OF POST-SECONDARY EDUCATION:			
<input type="checkbox"/> UNIVERSITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> CEGEP, PRIVATE, TRADE, VOCATIONAL OR CAREER COLLEGE <input type="checkbox"/> OTHER:			
EDUCATION INSTITUTION NAME			ATTENDANCE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
PROGRAM NAME			ACADEMIC TERM START DATE Y Y Y Y M M D D
			PROGRAM END DATE Y Y Y Y M M D D
PROGRAM TYPE:		PROGRAM LENGTH (YEARS)	ACADEMIC YEAR (WEEKS)
<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate			CURRENT YEAR OF ENROLMENT (E.G. 1 ST , 2 ND , ETC.)
I provide consent to the Registrar to release my post-secondary information:		INSTITUTION SEAL/STAMP MUST BE AFFIXED HERE	
STUDENT SIGNATURE			
DATE Y Y Y Y M M D D			
4	WITHDRAWAL AMOUNT (CHEQUE WILL BE MAILED TO ADDRESS ON FILE IF NO ADDRESS IS PROVIDED IN SECTION 2 ABOVE)		
RESP AGREEMENT NUMBER		<input type="checkbox"/> 100% OF FUNDS (AVAILABLE FOR BOTH PLAN TYPES) <input type="checkbox"/> \$ _____ (AVAILABLE FOR FLEX FIRST ONLY)	
RESP AGREEMENT NUMBER		<input type="checkbox"/> 100% OF FUNDS (AVAILABLE FOR BOTH PLAN TYPES) <input type="checkbox"/> \$ _____ (AVAILABLE FOR FLEX FIRST ONLY)	
5	SUBSCRIBER AUTHORIZATION		
SUBSCRIBER 1 SIGNATURE		SUBSCRIBER 2 SIGNATURE (IF APPLICABLE)	
DATE Y Y Y Y M M D D		DATE Y Y Y Y M M D D	

¹ Requires a repayment of accumulated grants and may cause your student to become ineligible for Additional CESG rates for the balance of the calendar and the next two calendar years.