



# APPLICATION: Basic and Additional Canada Education Savings Grant (CESG) and Canada Learning Bond (CLB)

### Instructions:

1. This form is to be completed by the Subscriber(s) of the Registered Education Savings Plan (RESP).
2. Read this document carefully. If you have any questions, do not hesitate to ask the RESP Provider.
3. This form is valid only if completed, signed, dated and given to the RESP Provider. **Do NOT send directly to Human Resources and Skills Development Canada (HRSDC).**
4. Keep a copy for your records.

RESP Provider

RESP Contract No.

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## 1 Information About the Subscriber(s)

If you are the **Primary Caregiver** (see Section 8 for the definition):

- Ensure your name is entered as it appears on your Canada Child Tax Benefit (CCTB) Notice.
- Enter your Social Insurance Number (SIN) below. Your SIN is used to determine eligibility for the Additional CESG and the CLB.

You are the **Subscriber** if you opened the RESP for the eligible child.

Subscriber's Family Name (last name)	Subscriber's Given Name (first name)
Custodial Parent/Legal Guardian <input type="checkbox"/> YES <input type="checkbox"/> NO	Primary Caregiver <input type="checkbox"/> YES <input type="checkbox"/> NO

If applicable, must be the spouse or common law partner of the Subscriber.

Joint Subscriber's Family Name (last name)	Joint Subscriber's Given Name (first name)
Custodial Parent/Legal Guardian <input type="checkbox"/> YES <input type="checkbox"/> NO	Primary Caregiver <input type="checkbox"/> YES <input type="checkbox"/> NO

In the case of a **Child Care Agency**

Name of Agency	Public Primary Caregiver <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Agency Representative	

To be completed only if you indicated above that you are the child's **Primary Caregiver**.

Social Insurance Number	Or Business Number (for Child Care Agencies)

- If the Subscriber or Joint Subscriber is not the Beneficiary's Custodial Parent/Legal Guardian, **ANNEX B** must be completed.
- If the Subscriber or Joint Subscriber is not the Beneficiary's Primary Caregiver, **ANNEX B** must be completed to apply for the Additional CESG and/or the CLB.

## 2 Information About the Beneficiary

The **Beneficiary** is the child named by the Subscriber who will receive money to help pay for his or her post-secondary education if they qualify under the terms of the RESP.

Beneficiary's Family Name (last name)	Beneficiary's Given Name (first name)	
Date of Birth (yyyy/mm/dd)	Sex	Social Insurance Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Additional Beneficiaries indicated in **ANNEX A**       = Total number of Beneficiaries



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## Conditions for Payment of the CESG and the CLB

This section explains the conditions under which the grants and bond will be paid into an RESP.

1. In order for the Basic and Additional CESG to be paid, the Beneficiary must be a resident in Canada at the time of each contribution to the RESP; and for a CLB to be paid, the Beneficiary must be a resident in Canada immediately before a CLB payment is made.
2. An Additional CESG and/or CLB may be paid only if the RESP has one Beneficiary or, if there is more than one, all Beneficiaries are siblings.
3. If the Beneficiary is 16 or 17, at least one of the following must have occurred in order for the Beneficiary to be eligible for the Basic and/or Additional CESG:
  - In any four years before the end of the year in which the Beneficiary turned 15, a total of at least \$100 per year must have been contributed to one or more RESPs in respect of the Beneficiary, and not withdrawn. **OR**
  - A total of at least \$2,000 must have been contributed to one or more RESPs in respect of the Beneficiary before the end of the year in which the Beneficiary turns 15, and not withdrawn.

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## Payment of the Additional CESG and the CLB

This section is optional and should **ONLY** be used if you **DO NOT** want to apply for all available grants and bond.

This section gives the option to **NOT** apply for the Additional CESG and/or the CLB. Reasons that you may not want to apply could include:

1. The RESP Provider does not offer all government grants and bond. The child will not receive the Additional CESG or the CLB if they are not offered by the RESP Provider. Be sure that you know which ones are offered.
2. The RESP has more than one Beneficiary and they are not all siblings, in which case the Additional CESG and CLB cannot be paid.
3. The CLB has already been requested for this child in another RESP. (CLB payments can only be made to one RESP at a given time.)
4. The Primary Caregiver does not want to share their adjusted family net income information, in which case the Additional CESG and CLB cannot be paid.

*Note that this section applies to all Beneficiaries listed on this form, including ANNEX A.*

I **DO NOT** want to apply for the **Additional CESG** in this RESP.

I **DO NOT** want to apply for the **CLB** in this RESP.

### 5

## Declaration and Consent

You must read this section and sign to receive the grants and bond in this RESP.

*The use of singular (such as Beneficiary) also includes plural as the context requires.*

I authorize the RESP Provider to ask the Trustee to apply for the Additional CESG and/or Basic CESG and/or the CLB in respect of the Beneficiary.

I confirm that the Beneficiary listed in Section 2 (and those indicated in ANNEX A, if applicable) meets the residency requirements set out in Section 3 and agree to inform the RESP Provider if, at any time, there is a change in the Beneficiary's circumstances.

If I indicated in Section 1 that I am the Primary Caregiver of the Beneficiary:

- I confirm that I am this individual or the Public Primary Caregiver's authorized representative and I designate the RESP indicated in this document to receive in trust, any payments of the Additional CESG and/or CLB as applicable; and
- I understand that in order for a payment of the Additional CESG and the CLB to be made, my adjusted family net income will be verified with the Canada Revenue Agency (CRA) unless the Beneficiary is maintained by a department, agency or institution. My adjusted family net income information will be provided to HRSDC by the CRA.

If I indicated in Section 1 that I am the Custodial Parent/Legal Guardian of the Beneficiary, I confirm that I am this individual and I consent to the use and sharing of the Beneficiary's personal information.

I understand that the *Privacy Act* gives me (or my authorized representative) the right to access or request correction to my personal information and the Beneficiary's personal information (if applicable) kept in the government file.

I confirm that I have read and understood this document, including my privacy rights found in Section 6, and I have received a copy of this document, and I consent to the use and sharing of my personal information.

\_\_\_\_\_  
Subscriber's Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Joint Subscriber's Signature (if applicable)

\_\_\_\_\_  
Date (yyyy/mm/dd)



## 6

### Your Privacy Rights

This section explains why your information is collected and how it is used, shared and protected. It also explains how you can access your personal information.

The authority of the Government of Canada to collect, share, and use personal information and other information included on this form for the purposes described below is provided under the *Department of Human Resources and Skills Development Act*, the *Canada Education Savings Act* and the *Income Tax Act*. Once under the control of Human Resources and Skills Development Canada (HRSDC), the information is administered in accordance with all applicable laws including the *Department of Human Resources and Skills Development Act*, the *Canada Education Savings Act* and the *Privacy Act*. Once under the control of the Canada Revenue Agency (CRA), that information is administered in accordance with all applicable laws including the *Privacy Act* and the *Income Tax Act*.

The information you provide is collected under the authority of the *Canada Education Savings Act* to determine the Beneficiary's eligibility for Additional CESG and/or Basic CESG and the CLB. The Social Insurance Number (SIN) is collected under the authority of the *Canada Education Savings Act* and in accordance with the Treasury Board Secretariat *Directive on Social Insurance Number*, which lists the Canada Education Savings Program (CESP) as an authorized user of the SIN. The Beneficiary's SIN is used as the primary identification field and the Primary Caregiver's SIN is used to determine eligibility for the Additional CESG and/or the CLB.

Participation in the CESP is voluntary. Refusal to provide personal information will result in HRSDC being unable to pay the Basic and/or Additional CESG nor the CLB to the Trustee in respect of the RESP Beneficiary.

The information you provide on this form may be used by and shared between HRSDC, the CRA, the RESP Provider, the Trustee and their agents for the administration of the *Canada Education Savings Act* and the *Income Tax Act*.

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of HRSDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

You have the right to the protection of, and access to, your personal information, which is described in Personal Information Banks "HRSDC PPU 506" and "HRSDC PPU 390" of HRSDC. The data banks use the Beneficiary's SIN as the primary identification field. Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at the following web address: <http://www.infosource.gc.ca>. *Info Source* may also be accessed online at any Service Canada Centre.

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### Available Provincial Grants

Ask your RESP Provider which Provincial Grants they offer.

**Alberta:** If the Beneficiary's Parent or Legal Guardian is a resident of Alberta at the time the child turns an eligible grant age or at the time of application, you may be eligible for the Alberta Centennial Education Savings (ACES) Plan Grants by completing an ACES Plan Grant application form.

**Saskatchewan:** If the Beneficiary is a resident of Saskatchewan, you can apply for the Saskatchewan Advantage Grant for Education Savings (SAGES) by completing **ANNEX C** of this form.

Where to get more information about the Canada Education Savings Program:

Phone: 1 888 276-3624 / 1 800 465-7735 for TTY users only

E-mail: [cesp-pcee@hrsdcc.gc.ca](mailto:cesp-pcee@hrsdcc.gc.ca)

Internet: [www.hrsdc.ca](http://www.hrsdc.ca)



# 8

## Definitions

These definitions are provided for your information only and do not constitute the legal definitions. In the event of a discrepancy, the legal definitions found in the *Income Tax Act*, the *Canada Education Savings Act*, the *Alberta Centennial Education Savings Plan Act* and the *Saskatchewan Advantage Grant for Education Savings Act* shall prevail.

**Alberta Centennial Education Savings Plan Grants:** \$500 grant paid into an RESP of an eligible child born to or adopted by a resident of Alberta in 2005 or later, and additional grants of \$100 at ages 8, 11 and 14 to a child enrolled in school and having a Parent or Legal Guardian who is a resident of Alberta at the time the child turns an eligible grant age or at the time of the application. Please see [www.aces.alberta.ca](http://www.aces.alberta.ca) for eligibility requirements and additional information.

**Canada Education Savings Grant (CESG):**

- The **Basic CESG** is a payment of 20% on the first \$2,500 of annual RESP contributions made on behalf of an eligible Beneficiary, up until the end of the calendar year in which he or she turns 17.
- The **Additional CESG** is a payment (over and above the Basic CESG) of either 10% or 20% on the first \$500 of annual RESP contributions made on or after January 1, 2005, on behalf of an eligible Beneficiary, up until the end of the calendar year in which the Beneficiary turns 17 years old. The amount of Additional CESG that a child can receive depends on the adjusted family net income of the child's Primary Caregiver.

**Canada Learning Bond (CLB):** \$500 paid into an RESP for an eligible child born after December 31, 2003. An eligible child could also receive \$100 every year until he or she turns 15 years old to a maximum of \$2,000. It is available to children whose families receive the National Child Benefit Supplement (NCBS) which is included in the Canada Child Tax Benefit (CCTB).

**Custodial Parent/Legal Guardian:** Individual, department, agency or institution that has the responsibility of taking care of the child and the legal right to make decisions affecting the child's interests.

**Primary Caregiver:** Individual who is primarily responsible for the care of the child and is eligible for the CCTB (sometimes called family allowance or baby bonus), and whose name appears on the CCTB payments and annual Notice. For more information, contact the CCTB call centre at: 1 800 387-1193.

**Public Primary Caregiver:** Department, agency or institution that receives the allowance payable under the *Children's Special Allowances Act*.

**RESP Provider** (also called promoter): Individual or organization offering an RESP to the public and who will open an RESP for the Subscriber.

**Saskatchewan Advantage Grant for Education Savings (SAGES):** A payment of 10% on the first \$2,500 of annual RESP contributions made on behalf of an eligible Beneficiary, up until the end of the calendar year in which the Beneficiary turns 17.

**Subscriber:** Individual or Child Care Agency, who opens an RESP, names one or more Beneficiaries and may deposit money (contributions) for them into the RESP.

**Trustee:** Financial organization that invests, administers, and distributes the money in the RESP for the Beneficiary.



## ANNEX A - Additional Beneficiaries

APPLICATION: Basic and Additional Canada Education Savings Grant (CESG) and Canada Learning Bond (CLB)

**Instructions:**

1. This annex is to be completed by the Custodial Parent/Legal Guardian of the Beneficiaries.
2. If there are cousins in the Registered Education Savings Plan (RESP), a separate copy of the annex must be completed by each Custodial Parent/Legal Guardian for their children. However, note that all Beneficiaries named to the RESP must be siblings in order to receive the Additional CESG and the CLB.
3. Keep a copy for your records.

RESP Provider

RESP Contract No.

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Subscriber's Name (Family Name, Given Name)

Custodial Parent/Legal Guardian's Name (Family Name, Given Name)

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### Information About the Beneficiaries

The **Beneficiaries** are the children named by the Subscriber who will receive money to help pay for their post-secondary education if they qualify under the terms of the RESP.

**IMPORTANT:**  
Ensure that each **Beneficiary's** name is entered exactly as it appears on their SIN documentation.

Beneficiary's Family Name (last name)	Beneficiary's Given Name (first name)	
Date of Birth (yyyy/mm/dd)	Sex	Social Insurance Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Beneficiary's Family Name (last name)	Beneficiary's Given Name (first name)	
Date of Birth (yyyy/mm/dd)	Sex	Social Insurance Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Beneficiary's Family Name (last name)	Beneficiary's Given Name (first name)	
Date of Birth (yyyy/mm/dd)	Sex	Social Insurance Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Beneficiary's Family Name (last name)	Beneficiary's Given Name (first name)	
Date of Birth (yyyy/mm/dd)	Sex	Social Insurance Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Beneficiary's Family Name (last name)	Beneficiary's Given Name (first name)	
Date of Birth (yyyy/mm/dd)	Sex	Social Insurance Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

*For more than five Beneficiaries, attach additional copies of this annex.*