



Schedule "A" Particula

Account No.			

ochedule A	directed Education Savi		es for your i	ramily Scotia	a Seit-					
Designation of Beneficiaries	The following person(s) is Plan. Subscribers have the First Name		nge beneficia					onal assistance payments under this r required by the Trustee.		
Ponofician								FOR CANADA		
Beneficiary	Relationship to Subscriber	Social Insura	I L		Date of Birt	h (YYYYMMDD)) Ger	EDUCATION SAVINGS		
Please indicate Beneficiary Number in box.								GRANT PURPOSES		
Beneficiaries must be	Street Address						Suite/	Apt. PLEASE CHECK ONE		
connected to the Subscriber(s) by blood relationship or		CANADIAN RESIDENT								
adoption within the meaning	City	Yes No								
of the applicable tax						(
legislation.	c/o Custodial Parent or Public F	_								
Γ	Co custodial Furth of Fublic F	Note: This Beneficiary must currently be a Canadian								
Commission on health shifts worth	Co A LL									
Complete only if different from Subscriber and	Street Address						Suite/	resident in order to be added to an RESP account		
Beneficiary is under 18.								unless a transfer is being		
	City		Province	Postal Co	ode	Phone		made from another existing		
						()		RESP for this Beneficiary.		
	First Name		Initial Su	urname						
Beneficiary	THIST INGINE			umame				FOR CANADA		
								FOR CANADA EDUCATION SAVINGS		
Please indicate Beneficiary Number in box.	Relationship to Subscriber	Social Insura	nce Number		Date of Birt	h (YYYYMMDE)) Ger	GRANT PURPOSES		
Beneficiaries must be										
connected to the Subscriber(s)	Street Address						Suite/	Apt. PLEASE CHECK ONE		
by blood relationship or		CANADIAN RESIDENT								
adoption within the meaning of the applicable tax	City	Yes No								
legislation.						/				
	c/o Custodial Parent or Public F	Primary Carogiy	or Namo			()		_		
Г	Go Custodiai Farcint of Fublic F	Timary Caregiv	CI Nullic					Note: This Beneficiary must		
Complete only if different										
from Subscriber and	Street Address						Suite/	Apt. resident in order to be added to an RESP account		
Beneficiary is under 18.							unless a transfer is being			
	City		Province	Postal Co	ode	Phone		made from another existing		
						()	_	RESP for this Beneficiary.		
	First Name		Initial Su	urname	,,,					
Beneficiary								FOR CANADA		
Please indicate Beneficiary	Polationship to Cubscriber	Social Insura	nce Number	Г	Date of Rint	:h (YYYYMMDE)) Ger	FOLICATION SAVINGS		
Number in box.	Relationship to Subscriber		I	, ,	Jake of birt	1		GRANT PURPOSES		
Beneficiaries must be	Co A LL							PLEASE CHECK ONE		
connected to the Subscriber(s)	Street Address						Suite/	TILEASE CHECK ONE		
by blood relationship or								CANADIAN RESIDENT		
adoption within the meaning of the applicable tax			Province Postal Code Phone				Yes No			
legislation.						()	_			
If there is insufficient space	c/o Custodial Parent or Public F	Primary Caregiv	er Name			/ /				
available for the number of Beneficiaries desired, please								Note: This Beneficiary must		
attach an additional Schedule	Street Address						Suite/	currently be a Canadian Apt. resident in order to be		
"A".	Jucet Address						Juite/	added to an RESP account		
Complete only if different — from Subscriber and								unless a transfer is being		
Ponoficiary is under 19	City		Province	Postal Co	ode	Phone		made from another existing		

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RESP for this Beneficiary.

Beneficiary is under 18.