

Education Savings Plan Partial Withdrawal/Plan Termination

CIBC Asset Management Inc.

Note: Capitalized terms used herein have the meaning as set out in the Renaissance Investments Individual/Family Education Savings Plan Trust Agreements unless otherwise stated.

To obtain Educational Assistance Payment (EAP) or Post Secondary Education (PSE) values, please contact 1-888-888-FUND(3863).

Withdrawal **Plan Termination**

RESP Account No. _____ Date (mmm/dd/yyyy) _____ Dealer No. _____ Rep. No. _____

Subscriber

Mr. Mrs.
 Ms. Miss
 Dr.

Last Name _____ First and Middle Name(s) _____

Date of Birth (mmm/dd/yyyy) _____ Social Insurance No. _____

Joint Subscriber (if applicable)

Mr. Mrs.
 Ms. Miss
 Dr.

Last Name _____ First and Middle Name(s) _____

Date of Birth (mmm/dd/yyyy) _____ Social Insurance No. _____

Withdrawals – Type

For Options 1 – Educational Assistance Payment (EAP) and 2A – Post Secondary Education (PSE) capital withdrawal, the following information must be provided. Please attach proof of enrolment.

Beneficiary Last Name _____ First and Middle Name(s) _____ Social Insurance No. _____

Address (street no. and name) _____ Apt. No. _____ City _____ Province _____ Postal Code _____

Name of Post Secondary Institution _____

Address (street no. and name) _____ City _____ Province _____ Postal Code _____

Academic Program Type
 University Community College (in Quebec, CEGEP) Private Trade, Vocational or Career College Other

Academic Program Duration** _____ Academic Year (1st, 2nd, etc.) _____ Start Date of Current Year (mmm/dd/yyyy) _____ Academic Year Length (max. 52 weeks) _____

Program Hours _____ (a) Courses or program work of at least 10 hours per week (b) At least 16 years old and courses of at least 12 hours per month

Yes¹ No² Yes³ No

Note: For educational withdrawals (PSE and EAP), the Subscriber must show proof that the Beneficiary is enrolled, or within 6 months after enrolment has ceased, for EAP only in a post-secondary educational institution. The following information is also required:

- student's name and address
- name of post-secondary educational institution
- country of educational institution
- name and length of program
- program year/year of study
- academic start and end dates
- hours of study per week/month
- enrolment letter
- verification of enrolment information obtained from the educational institution's student information services website (SIS), with a note indicating where it came from
- verification of enrolment form
- tuition invoice

This information is provided by the educational institution and can be in one or several documents. Fax copies or photocopies of the forms provided by the educational institution are acceptable.

** Length of program from 1 to 9 years; 0 indicates less than 1 year (must be at least 3 consecutive weeks if in Canada, and if outside Canada, must be at least 13 consecutive weeks.)

¹If "yes" to (a) above for Program Hours, total EAPs to a Beneficiary cannot exceed \$5,000 in the first 13-week period starting from the date of the first EAP, unless Human Resources and Skills Development Canada (HRSDC) has provided written authorization to allow a greater amount.

²If "no to (a) above but "yes" to (b) above for Program Hours, total EAPs to a Beneficiary cannot exceed \$2,500 in the first 13-week period starting from the date of the first EAP, unless HRSDC has provided written authorization to allow a greater amount.

³If "yes" to (b) above for Program Hours, total EAPs to a Beneficiary cannot exceed \$2,500 in the first 13-week period starting from the date of the first EAP, unless HRSDC has provided written authorization to allow a greater amount.

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Withdrawals – Type (continued)

1. Educational Assistance Payment (EAP)

Beneficiary is attending, or is within 6 months after enrolment has ceased, at a qualifying post-secondary institution:

Amount⁴
\$ _____

Payment will assist the Beneficiary to further his/her post-secondary education Yes No

Tax residency of Beneficiary receiving EAP

Canada Non-resident⁵ (Note: Non-resident withholding tax will be deducted.) Quebec⁶

2. Capital Withdrawal (Refund of Contributions)

For RESP plans with a Beneficiary(ies) residing in Quebec, a Capital Withdrawal (other than to correct an overcontribution) 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 Revenu Québec: year-to-date contributions, then contributions that gave rise to Québec Education Savings Incentive (QESI), then contributions that did not give rise to QESI, in the order they were received. Please be aware that if You make a request for a Capital Withdrawal during a taxation year, the Beneficiaries in 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 Capital Withdrawal so that you are fully aware of all the implications of making the request.**

2A. Post-Secondary Education (PSE) capital withdrawal

Withdrawal of contributions by Subscriber where Beneficiary qualifies for EAP.

All OR Amount⁴
\$ _____

2B. Capital Withdrawal for non-educational purposes

All OR Amount⁴
\$ _____

Note: When no Beneficiary is eligible to receive an EAP, a capital withdrawal may require repayment of Canada Education Savings Grant (CESG) to HRSDC and Québec Education Savings Incentive (QESI) to Revenu Québec.

3. Accumulated Income Payment (AIP)

Withdrawal of earnings, where Beneficiary(ies) is (are) NOT and WILL NOT BE enrolled in post-secondary educational program. AIP can be paid to a Subscriber(s)/Recipient(s).

Note: An AIP has restrictions that are outlined in Section 7 of the Trust Agreements.

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

If no: The receiving individual is not eligible for an AIP.

Are all 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 the Account been open for at least 10 years? (If the RESP received a transfer from another RESP, use the earliest account open date) 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.

Note: Once an AIP occurs, the Account must be closed by end of February of the following year; if a balance remains Renaissance Investments will redeem the remaining funds by way of cheque to the subscriber's home address. Renaissance Investments will terminate a zero balance Account resulting from an AIP transaction.

Is recipient of the AIP an original Subscriber to the Account or their surviving spouse/common-law partner? If yes, You can complete either Section A or Section B. If no, You can only complete Section B.

If the recipient is someone other than the current Subscriber(s), complete the following to ensure receipt is issued to the correct individual.

Name of Recipient _____ Address (street no. and name) _____ Social Insurance No. _____

3A. Transfer to RRSP

Yes No All OR Amount⁴

\$ _____

You may complete Section A if You are the Subscriber of the RESP or, when there is no other Subscriber, if You are the surviving spouse or common-law partner of a deceased Subscriber.

The maximum allowable lifetime limit for AIP transfers to an RRSP is \$50,000.

For all transfers to an RRSP, the Beneficiary/Subscriber must also complete form T1171.

RRSP Account No.

In Cash In Kind

Investment Instructions for transfers to Renaissance Investments RRSP

OR Other Financial Institution (FI) mailing address

3B. AIP Cash Withdrawal

Yes No All OR Amount⁴

\$ _____

You may complete Section B if You are an original Subscriber, non-original Subscriber, or surviving spouse/common-law partner of an original Subscriber.

Note: AIP cash withdrawals are subject to regular withholding tax plus an additional penalty tax.

⁴Due to fluctuations in Mutual Funds unit prices, in the case of a full withdrawal or plan termination, the actual amount withdrawn may be less than the amount requested.

⁵A non-resident Beneficiary redemption is only eligible to receive the earnings within the RESP (Canada Education Savings Grant must remain in the Account).

⁶For the EAP to include Québec Education Savings Incentive (QESI), the Beneficiary must reside in Quebec.

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Withdrawals – Type (continued)

4. Overcontribution Withdrawal

Where Subscriber(s) contribution(s) exceeds the lifetime limit of a Beneficiary. Provide the name(s) of the Beneficiary(ies) the overcontribution is related to.

Last Name	First and Middle Name(s)	<input type="checkbox"/> All	OR	Amount ⁴
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> All	OR	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> All	OR	\$ <input type="text"/>

Note: Overcontribution withdrawals can be either a: Post-Secondary Capital Withdrawal (PSE), or Capital Withdrawal for non-educational purposes. See section 2 above. A Capital Withdrawal may require repayment of Canada Education Savings Grant (CESG) to Human Resources and Skills Development Canada (HRSDC) and Québec Education Savings Incentive (QESI) to Revenu Québec.

5. Payment of Income to Designated Educational Institution All

Name of Educational Institution	Address of Educational Institution
<input type="text"/>	<input type="text"/>

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

Withdrawal From

Renaissance Investments family of funds, Axiom Portfolios

Fund/Portfolio No.	Fund/Portfolio Name	<input type="checkbox"/> All	OR	Amount ⁴
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> All	OR	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> All	OR	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> All	OR	\$ <input type="text"/>

Disposition of Funds

Bank Account

Institution No.	Transit	Account No.	Total Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Mail Cheque to: Address on file Address below

<input type="checkbox"/> Beneficiary	Address	City	Province	Postal Code
<input type="checkbox"/> Subscriber	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Joint Subscriber	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

You, _____ of _____,
(Name of Subscriber) (City/Province)

DECLARE that the Information You have given 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 education at a post-secondary level. You understand that providing false and/or incomplete, information may contravene the Applicable Legislation and You hereby indemnify CIBC and its subsidiaries of any financial liability from such actions. You understand that a withdrawal from the Plan may require that Canada Education Savings Grants and Québec Education Savings Incentive be refunded to the appropriate government authority.

Date

X _____
Signature of Subscriber

Representative Name

X _____
Representative Signature (Witness to Subscriber's Signature)