

RESP Withdrawal: RRSP Roll-over / Accumulated Income Payment (AIP)

Identification

Date (YY/MM/DD) Phone Number (area code, no.) Account Number

Subscriber's Last Name Subscriber's First Name

Complete If applicable:
Co-subscriber's Last Name Co-subscriber's First Name

A

Please check appropriate box.

RRSP Rollover
 Accumulated Income Payment

\$

\$

Complete Sections B, C or D, and E

Subscriber must provide valid RRSP account number
Attach completed "Tax Withholding Waiver on Accumulated Income Payments from RESPs" (CCRA Form #T1171)
Method of payment – either cash or in-kind (sufficient cash/assets required)

Complete Sections B, C or D, and E

Issued to subscriber or educational institution
Method of payment for subscriber – either cash or in-kind (sufficient cash/assets required)
Method of payment for educational institution – cash only (sufficient cash required)

Withdrawal details

B

Financial Institution and/or educational institution information.

a. If withdrawal is an **RRSP Rollover**, please check the appropriate option

RRSP is held at BMO InvestorLine Inc. RRSP is held at another financial institution as indicated below

Financial Institution RRSP Account Number

Address (number, street)

City or Town

Prov. Postal Code

b. If withdrawal is **Accumulated Income Payment** being donated to an educational institution, complete information below:

Educational Institution:

Name of Institution

Address (number, street)

City or Town

Prov. Postal Code

RRSP Rollover and/or Donation

C

Subscriber's BMO InvestorLine Inc. registered or non-registered account number:

Please provide your method of payment: Cash \$ Securities (please complete the table below)

Quantity	Description	Security Code	Price / Share	Total Value

NOTE: Please consult with one of our agents if you do not know the Security Code.

Deposit details

D

I authorize **BMO InvestorLine Inc.** to process the above withdrawal from my Plan. I acknowledge that any grant funds remaining in the plan will be returned to the CESG Program. I understand that tax will be withheld on the accumulated income payment portion. I verify that all beneficiaries of the plan are no longer at post-secondary school, are greater than 21 years of age, and are Canadian residents. I further verify that the RESP contract has been registered for over 10 years. If these conditions are not met, I acknowledge that accumulated income can only be donated to a recognized educational institution.

Subscriber Signature

Co-subscriber Signature

Date (YY/MM/DD)

Date (YY/MM/DD)

Authorization