E service@mackenzieinvestments.com



FAMILY RESP ADD BENEFICIARY FORM

Section A – Applying for Grant YES – Appropriate Government Grant Form is attached. NO
Section B – Account Information
Mackenzie Account No.
Subscriber's Last Name First Name
Joint Subscriber's Last Name First Name (if applicable)
Section C – New Beneficiary Details Required
Beneficiary's Last Name First Name
Date of Birth (DD/MM/YYYY)
Social Insurance Number
Nature of Principal Business or Occupation Child Student Other
Gender: Female Male Another Gender
Beneficiary's Relationship to the Subscriber(s): Residency Status (Check one):
Child Grandchild Sibling Canadian Resident Yes No
Section D – Complete this section if the new beneficiary is not the child of the Subscriber(s)
Custodial Parent's Last Name First Name
Custodial Parent's Address
Please confirm the relationship between the new beneficiary and the current beneficiary(ies) on the account: Cousins
Section E – Subscriber(s) Authorization
Subscriber's Signature Date
Joint Subscriber's Signature (if applicable) Date
Notes:
Additional beneficiaries can only be added to a Family RESP
Beneficiary must be connected to the subscriber(s) by blood relationship or adoption as defined by the Income Tax Act Beneficiary must be under the age of 21 at the time of inclusion onto the plan

All beneficiaries on a Family RESP must be siblings in order to be eligible to receive the Additional CESG, CLB, BCTESG and/or

additional QESI