



# ANNEX D

## APPLICATION: British Columbia Training and Education Savings Grant (BCTESG)

APPLICATION: Basic and Additional Canada Education Savings Grant (CESG) and Canada Learning Bond (CLB)  
This annex is only for Beneficiaries who are residents of British Columbia with a Custodial Parent/Legal Guardian who is also a resident of British Columbia.

**Instructions: This annex is to be completed and signed by the Subscriber(s) of the RESP. The Custodial Parent/Legal Guardian also must sign if different than the Subscriber(s). Read this document carefully. If you have any questions, do not hesitate to ask the RESP Provider. This annex is valid only if completed, signed, dated and given to the RESP Provider. Do NOT send directly to Employment and Social Development Canada (ESDC). Keep a copy for your records.**

RESP Provider

RESP Contract No.

### D-1

#### Information About the Subscriber(s)

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

Family Name (last name)

Given Name (first name)

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)

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

Name of Agency

Name of Agency Representative

Street Address

Suite or Apartment Number

City or Town

Province

Country

Postal Code

### D-2

#### Information About the Beneficiaries

- The Beneficiary's Social Insurance Number (SIN) is to be provided by their Custodial Parent/Legal Guardian and the Beneficiary's name must be entered exactly as it appears on their SIN documentation.
- If you are not the Custodial Parent/Legal Guardian, you are not required to provide the SIN (this annex will be provided to the Custodial Parent/Legal Guardian). You should still complete the remaining fields.

If you answer NO, the BCTESG will not be paid.

YES  NO

There is only one Beneficiary named to this RESP **OR** all Beneficiaries are siblings **AND** all Beneficiaries listed on this annex are residents of British Columbia.

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.

Family Name (last name)

Given Name (first name)

Date of Birth (yyyy/mm/dd)

Sex

Male  Female

Social Insurance Number

Family Name (last name)

Given Name (first name)

Date of Birth (yyyy/mm/dd)

Sex

Male  Female

Social Insurance Number

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

Additional Beneficiaries - see attached

= Total number of Beneficiaries



# D-3

## Conditions for Payment of the BCTESG

This section explains the conditions under which the grant will be paid into an RESP.

1. In order for the British Columbia Training and Education Savings Grant (BCTESG) to be paid, both the Beneficiary and the Beneficiary's Custodial Parent/Legal Guardian must be residents of British Columbia at the time the application form is submitted by the Subscriber.
2. The BCTESG may be paid only if the RESP has one Beneficiary or, if there is more than one, all Beneficiaries are siblings.
3. The Beneficiary must have been born on or after January 1, 2006. This annex must be submitted to the RESP Provider **no earlier than** the Beneficiary's 6<sup>th</sup> birthday, and **no later than** the day before the Beneficiary's 9<sup>th</sup> birthday. Application timelines differ for children born in 2006, 2007, 2008 and 2009. Contact your RESP Provider for details.

To be completed by the RESP Provider's representative

Indicate the type of identification/proof provided that demonstrates the Custodial Parent/Legal Guardian meets the British Columbia residency requirement.

# D-4

## Declaration and Consent

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

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

I authorize the RESP Provider to ask the Trustee to apply for the BCTESG in respect of the Beneficiary.

I confirm that the Beneficiary and a Custodial Parent/Legal Guardian of the Beneficiary are residents of British Columbia.

I authorize that the information related to this RESP be used for the purposes of administering the BCTESG.

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

I confirm that I have read and understood this document, including my privacy rights found in Section D-5 and I consent to the use and sharing of my personal information and the Beneficiaries' personal information (as applicable).

Subscriber's Signature

Date (yyyy/mm/dd)

Joint Subscriber's Signature *(if applicable)*

Date (yyyy/mm/dd)

To be completed only if different than the Subscriber/ Joint Subscriber.

Custodial Parent/Legal Guardian's Signature (for whom proof of British Columbia residency has been provided)

Date (yyyy/mm/dd)

Custodial Parent/Legal Guardian's Name (please print)

**Where to get more information about the British Columbia Training and Education Savings Grant:**

**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.canada.ca/RESPresources](http://www.canada.ca/RESPresources)



## D-5

### Your Privacy Rights

This section explains why your information is collected and how it is used, shared and protected.

The personal information you provide is collected under the authority of section 9.4 of the *Special Accounts Appropriation and Control Act* (Government of British Columbia), the *British Columbia Training and Education Savings Program Regulation* (Government of British Columbia), the *Canada Education Savings Act* (Government of Canada) and the *Income Tax Act* (Government of Canada) for the administration of the British Columbia Training and Education Savings Grant (BCTESG). The Social Insurance Number (SIN) is collected in accordance with the Treasury Board Secretariat *Directive on Social Insurance Number*. The Beneficiary's SIN is used as the primary identifier.

Participation in the BCTESG program is voluntary. However, refusal to provide personal information will result in Employment and Social Development Canada (ESDC) being unable to pay the BCTESG to the Trustee in respect of the Registered Education Savings Plan (RESP) Beneficiary.

The personal information you provide may be used by and shared between the following parties for the administration of section 9.4 of the *Special Accounts Appropriation and Control Act* and the *Income Tax Act*: the Government of British Columbia, ESDC, the Canada Revenue Agency, the RESP Provider and its agents, the Trustee, and between RESP Providers when transferring RESP assets.

Information may be shared with a third party contracted by ESDC for direct mailings. Information may also be used for policy analysis, research, and statistical and/or evaluation purposes.

Once under the control of ESDC, the information is administered in accordance with the *Department of Employment and Social Development Act*, the *Canada Education Savings Act*, the *Privacy Act* and all other applicable laws.

You have the right to the protection of, and access to, your personal information. The Personal Information Banks ESDC PPU 506 and ESDC PPU 390 describe the types of information held by ESDC for the administration of the BCTESG by the Canada Education Savings Program. Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at the following web address:

<http://www.esdc.gc.ca/en/reports/atip/index.page>. *Info Source* may also be accessed online at any Service Canada Centre.

## D-6

### 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* and *The Special Accounts Appropriation and Control Act* shall prevail.

**British Columbia Training and Education Savings Grant (BCTESG):** \$1,200 grant paid into an RESP of an eligible child born in 2006 or later. It is available to children who are resident of British Columbia with a Custodial Parent/Legal Guardian who is also a resident of British Columbia at the time the application form is submitted to the RESP Provider. A Subscriber may be able to apply for the grant in respect of an eligible child no earlier than the Beneficiary's 6<sup>th</sup> birthday and no later than the day before the Beneficiary's 9<sup>th</sup> birthday.

**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.

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

**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.