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(if applicable)	First Name
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):	
Child Grandchild Sibling	
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, SAGES, BCTESG and/or additional QESI	