

# Customer Change Form



**Subscriber 1:** \_\_\_\_\_ **Agreement #1:** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Subscriber 2:** \_\_\_\_\_ **Agreement #2:** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**ADD / REPLACE A SUBSCRIBER TO AN AGREEMENT**

|   |   |                 |                            |
|---|---|-----------------|----------------------------|
| (Mr./Mrs./Ms.) LAST NAME  |   | FIRST NAME      |                            |
| BIRTH DATE<br>Y   Y   Y   Y   M   M   D   D   | SOCIAL INSURANCE NUMBER                               |                 | RELATIONSHIP TO SUBSCRIBER |
| RELATIONSHIP TO BENEFICIARY   | STREET ADDRESS (Including unit number)                |                 |                            |
| CITY  | PROVINCE  | POSTAL CODE     | HOME TELEPHONE             |
| CELL PHONE  | E-MAIL ADDRESS  |                 |                            |
| IDENTIFICATION VERIFICATION DOCUMENT  |   |                 |                            |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> Health card (where permitted by law) <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____ |   |                 |                            |
| DOCUMENT ISSUE DATE<br>Y   Y   Y   Y   M   M   D   D  | DOCUMENT EXPIRY DATE<br>Y   Y   Y   Y   M   M   D   D | DOCUMENT NUMBER | PROVINCE/PLACE OF ISSUE    |

**REMOVE A SUBSCRIBER ON AN AGREEMENT**

|                          |            |
|--------------------------|------------|
| (Mr./Mrs./Ms.) LAST NAME | FIRST NAME |
|--------------------------|------------|

**ACKNOWLEDGMENTS**

By signing below you acknowledge and understand that:

The individual being added or replaced is a Canadian resident and is the spouse, former spouse or common law partner of the current subscriber as required under the Income Tax Act (Canada).

Under the Income Tax Act (Canada) a spouse or former spouse can replace the original subscriber in the event of marriage breakdown, if the separation or divorce is recognized by a decree, order or judgment. It is also possible to change the subscriber after the death of the original subscriber provided the plan was entered into after 1997. In this situation, any person (including the estate of the deceased subscriber) who acquires the person's rights as a subscriber under the plan or who makes contributions to the plan for the beneficiary can become a subscriber.

Canada Revenue Agency has legislated that one of the original subscribers must remain as a subscriber.

The Maturity Refund Recipient can only be the subscriber(s) or the beneficiary. If applicable we will update the Maturity Refund Recipient to reflect the requested change.

The new subscriber agrees to accept and be bound by the terms of the existing Education Assistance Agreement in respect of the referenced agreement number(s).

The personal information collected on this form is to be used to establish, administer and provide ongoing service for this(these) agreements. This information may be shared with: the custodial parent of the beneficiary(s), Embark sales or service representatives, agents or affiliates of the Foundation, Employment and Social Development Canada, Revenue Quebec in respect of the government grants, Canadian Premier Life Insurance Company in respect of Plan insurance and the Canada Revenue Agency as required under the Income Tax Act (Canada). Your signature on this application provides your consent to use this information as described.

The new subscriber understands that if he or she signs this application at a time when a Embark sales representative is not able to verify his or her photo identification, and if this plan agreement is subsequently cancelled before it can be registered as an RESP with the Canada Revenue Agency, we will conduct a credit check on him or her for the purposes of verifying their identity

## ACKNOWLEDGMENTS (CONTINUED)

### Insurance

The new subscriber is aware that, except for subscribers who are resident in Quebec, the life and disability insurance is a mandatory feature of the Family Plans, and that insurance is not available for subscribers over the age of 65 years. Insurance is not available on Flex First Plans.

The new subscriber understands that if they are residents in the province of Quebec the original subscriber's decision regarding optional insurance remains in effect until new instructions are provided.

Your signature(s) below provides authorization to make the subscriber change(s) on the above noted agreement(s).

|  |                                       |
|--|---------------------------------------|
| SIGNATURE OF SUBSCRIBER THAT WILL REMAIN | DATE<br>Y   Y   Y   Y   M   M   D   D |
| SIGNATURE OF SUBSCRIBER TO BE REMOVED    | DATE<br>Y   Y   Y   Y   M   M   D   D |
| SIGNATURE OF NEW SUBSCRIBER              | DATE<br>Y   Y   Y   Y   M   M   D   D |

## CANADIAN PREMIER LIFE INSURANCE COMPANY GROUP INSURANCE APPLICATION – GROUP POLICY 83028 (FAMILY SINGLE STUDENT PLANS ONLY)

The individual(s) listed as the new subscriber on this Customer Change Form is/are the applicant(s). Insurance coverage is based on the deposit information and frequency of deposit as indicated currently from the agreements listed. The premium for this group coverage is \$0.17 per \$10.00 of RESP deposits.

### 1. Benefit payable for an approved claim – Life Insurance:

If you die before age 65, the benefit is the aggregate of all deposits which become due under your deposit schedule after your date of death. Disability Insurance: If you experience disability before age 65, after a 12-month waiting period the benefit is the aggregate of all deposits which become due under your deposit schedule while you remain disabled. Disability payments will stop when you turn 65 years old. For joint coverage, the insurance benefits will be payable on the first death or disability of either of you.

### 2. Beneficiary:

In the event of your death or disability, the benefit will be paid to this/these Family Education Savings Plan(s). This will help to ensure the contributions to this/these education savings plan(s) continue to be made as per the deposit schedule(s). If you wish to designate an alternate beneficiary, please contact Canadian Premier Life Insurance Company at 1-877-271-8713.

You should know that no benefit is payable if death is due to a pre-existing condition and occurs within 24 months of the date you become insured. A pre-existing condition means a condition for which you received attention, consultation, diagnosis or treatment (including taking pills, injections or other medications) from a physician or practitioner in the 12 months before you became insured. You will be given a certificate that outlines the terms of insurance coverage including eligibility, exclusions and conditions for benefit payments. Please read this certificate carefully.

### 3. By signing below you acknowledge and understand that:

- a. The answers on this Customer Change Form are true and correct.
- b. Canadian Premier Life Insurance Company, its agents, service providers and reinsures can use and exchange information in this form for underwriting, administration and adjudicating claims in connection with this form and your insurance coverage under Group Policy No. 83028.
- c. Embark Student Corp. can use and exchange with Canadian Premier Life Insurance Company information in this form for the purpose of administering your coverage under Group Policy No. 83028.
- d. You authorize Embark. to deduct the cost of your insurance from each deposit as calculated and described in the Embark prospectus. The premium for this group coverage is \$0.17 per \$10.00 of eligible deposit, plus any applicable provincial sales tax, and is subject to change.
- e. No employee or representative of Embark Student Corp. has the authority to waive, complete or modify any provisions of this form or certificate of insurance or the Group Policy No. 83028.
- f. A photocopy or electronic version of this form will be as valid as the original.
- g. You have requested that this form and any related documents be drawn up in English. Vous avez exigé que la présente proposition et tous les documents s'y rattachants soient rédigés en anglais

|                              |                                       |
|------------------------------|---------------------------------------|
| SUBSCRIBER 1                 | DATE<br>Y   Y   Y   Y   M   M   D   D |
| SUBSCRIBER 2 (if applicable) | DATE<br>Y   Y   Y   Y   M   M   D   D |

### A MESSAGE FROM THE INSURER

At Canadian Premier Life Insurance Company, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with insurance that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees and representatives who are responsible for the administration and servicing of your contract(s) with us, or any other person whom you authorize. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us. To find out about our Privacy Policy, visit our website at [www.canadianpremiere.ca](http://www.canadianpremiere.ca) or call 1-877-271-8713 and request a copy of our Privacy Brochure.

# KNOW YOUR CUSTOMER (KYC) SIMPLIFIED UPDATE FORM



**Subscriber 1:** \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Agreement #1:** \_\_\_\_\_

**Subscriber 2:** \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Agreement #2:** \_\_\_\_\_

## INVESTMENT INFORMATION

INVESTMENT OBJECTIVE: Is the financial objective for this investment to save money for the beneficiary's post-secondary education?  YES  NO

TIME HORIZON: ESTIMATED NUMBER OF YEARS TO FIRST AGREEMENT #1:  Greater than 18 years  12 to 18 years  4 to 11 years  less than 4 years  
 YEAR OF POST-SECONDARY STUDIES: AGREEMENT #2:  Greater than 18 years  12 to 18 years  4 to 11 years  less than 4 years

RISK TOLERANCE:  Low: The subscriber(s) is (are) seeking a low level of volatility within their investments and is willing to accept lower returns for greater safety of capital.  
 Medium: The subscriber(s) is (are) willing to accept a moderate level of volatility within their investments and is generally seeking a moderate level of growth over a longer period of time.  
 High: The subscriber(s) is (are) generally growth-oriented and is willing to accept a high degree of volatility and significant short term fluctuations in portfolio value in exchange for potentially higher long term returns. The investor understands that although they have indicated a high tolerance for risk this (these) plan(s) is (are) low risk investments.

|  |  |
|--|--|
| S1 INVESTMENT EXPERIENCE: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High | S2 INVESTMENT EXPERIENCE: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
|--|--|

## SUBSCRIBER EMPLOYMENT INFORMATION

| SUBSCRIBER 1 INCOME INFORMATION | SUBSCRIBER 2 INCOME INFORMATION |
|---------------------------------|---------------------------------|
| NAME OF EMPLOYER:               | NAME OF EMPLOYER:               |
| OCCUPATION:                     | OCCUPATION:                     |
| TYPE OF BUSINESS:               | TYPE OF BUSINESS:               |
| BUSINESS PHONE NUMBER: ( )      | BUSINESS PHONE NUMBER: ( )      |
| BUSINESS ADDRESS:               | BUSINESS ADDRESS:               |

## KNOW YOUR CUSTOMER NOTES:

The information on this form is being collected, used and disclosed for the purpose of assessing plan suitability and affordability. This information will be used and disclosed for the purposes of providing ongoing service for the plan and may be shared with: Embark sales or service representatives, and agents of the Canadian Securities Administrators in some circumstances. By signing below you hereby consent to the collection, use and/or disclosure of your personal information as described above.

I/We confirm that the information provided on this Know Your Customer Simplified Update Form is correct and complete.

**Subscriber 1:** \_\_\_\_\_  
 Signature \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subscriber 2:** \_\_\_\_\_  
 Signature \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sales Representative:** \_\_\_\_\_  
 Signature \_\_\_\_\_ **Date:** \_\_\_\_\_

| EMBARK ADMINISTRATION |            |                    |            |
|-----------------------|------------|--------------------|------------|
| APPROVED BY: _____    | DATE       | REVIEWED BY: _____ | DATE       |
| PRINT NAME: _____     | YYYY MM DD | PRINT NAME: _____  | YYYY MM DD |