

# Request for Educational Assistance Payment (EAP) form



globalresp.com

Contract #: 99985

Plan Name: Legacy Education Savings Plan

FUNDS REQUESTED FOR EDUCATION

**Subscriber Information**

Elizabeth Pasag

**Joint Subscriber**

Jonald Pasag

**PRINCIPAL WITHDRAW**

110-245 Ross Dr  
New Westminster, BC V3L0C6

110-245 Ross Dr  
New Westminster, BC V3L0C6

Principal Requested \$3,000.00

6045223638  
bethpasag@shaw.ca

6045223638  
ictpasag123@yahoo.com

Cheque payment request fee<sup>2</sup> \$0.00

**Beneficiary Information**  
Andrea Evangeline Pasag

**Program Details**

S.I.N.: Provided  
110-245 Ross Dr  
New Westminster, BC V3L0C6

|   |  |
|---|--|
| Institution:  | BCIT                                     |
| Course of Study:                                    | BS Nursing                               |
| Current Academic Start Date:                        | 9/6/2022                                 |
| Total Program Length:                               | 3  |
| Current Program Year:                               | 1  |
| Academic Year Length:                               | 39                                       |
| Full-time Study <input checked="" type="checkbox"/> | Part-time Study <input type="checkbox"/> |

EAP Requested \$1,000.00

ae.pasag@gmail.com

Information within this form is as at Sat, 30 Jul 2022 14:49:31

Discretionary Payment \$160.71

Cheque payment request fee<sup>2</sup> \$0.00

EAP Payment Per Calendar year fee<sup>3</sup> \$0.00

Withholding tax \$0.00

Total EAP withdrawal \$1,160.71

Payable to Beneficiary

Payment Method EFT

**EAP<sup>1</sup>**

EAP Requested \$1,000.00  
Discretionary Payment \$160.71  
Cheque payment request fee<sup>2</sup> \$0.00  
EAP Payment Per Calendar year fee<sup>3</sup> \$0.00  
Withholding tax \$0.00  
Total EAP withdrawal \$1,160.71  
Payable to Beneficiary  
Payment Method EFT

I confirm that I am a resident of Canada (for tax purpose)  YES  NO

Beneficiary please initial here \_\_\_\_\_

IMPORTANT  
INITIAL HERE

<sup>1</sup> The proportion of EAP components will be calculated in accordance with applicable government guidelines.

- Any Proof of Registration is valid for 6 months after the issue date.
- Completed EAP requests received in good order by Global Educational Trust Foundation may take up to 15 business days for processing.

<sup>2</sup> If you requested payment by cheque a \$25+tax\* processing fee per cheque will apply.

- Discretionary Payment terms and conditions are outlined in the Full Prospectus document you received when you established your Plan. Terms are subject to change. Discretionary Payments are paid at the discretion of the Global Educational Trust Foundation. There is no guarantee that future Discretionary Payment amounts will be available to your beneficiary. If you withdraw all available EAP amounts prior to receiving eligible Discretionary Payment amounts, such remaining Discretionary Payment amounts will be forfeited.
- If any errors or omissions are found in your request, it will be rejected and a new request must be submitted.

<sup>3</sup> If you have requested more than one EAP or Principal Withdrawal within the same calendar year a \$25+tax\* processing fee per additional request will apply.

- After the start of your education, fund withdrawals for education are subject to government guidelines and can be made at any time with proof showing continued registration requirements.
- Educational Assistance Payments are taxed in the hands of the beneficiary. The appropriate tax slip will be issued to the beneficiary to the address on file.

\*Tax is charged as HST or GST depending on your province of residence

I (We), the undersigned subscriber(s), request that the following payment(s) be made from the above noted RESP. I, the undersigned beneficiary, agree to the receipt of EAP funds from the above noted RESP. By signing this form you are attesting based on the selection made within the Canadian Attestation section above and that it is valid as of the submission of this request. In order to receive CESG Grant, Provincial Grants (with the exception of BCTESG) and/or Canada Learning Bond in this EAP the beneficiary must be a resident of Canada.

IMPORTANT  
SIGN HERE



Subscriber's Signature

Date (dd/mm/yyyy)



Joint Subscriber's Signature (if applicable)

Date (dd/mm/yyyy)



Beneficiary's Signature

Date (dd/mm/yyyy)

**SIGN AND UPLOAD COMPLETED FORM TO MYACCOUNT**