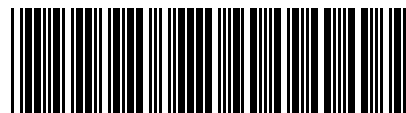


CHILDREN'S EDUCATION FUNDS INC.

Administrator for the Children's Educational Foundation of Canada



BAF-35966

Beneficiary Application Form: All information provided on this form must relate to the 2016/2017 academic year.

SECTION 1: Beneficiary Information

First Name Arjun	Last Name Dhiman	Agreement Numbers 140899
Email Address arjun.dhiman@mail.utoronto.ca		Telephone Number 6 4 7 7 8 0 1 7 7 4

<input checked="" type="checkbox"/>	No	A) Will you be attending a Post-Secondary Institution during the 2016/2017 academic year? If you answered No to this question, please complete Section 4 below to defer the EAP.
<input checked="" type="checkbox"/>	No	B) Were you enrolled in a "Qualifying Educational Program" for a minimum of 13 consecutive weeks during the last 12 months?
<input checked="" type="checkbox"/>	No	C) Will you be using your EAP for educational purposes (ie: tuition, books, accommodations, etc.)?

SECTION 2: Confirmation of Residency

<input checked="" type="radio"/> Yes	<input type="radio"/> No	D) Are you a resident of Canada for income tax purposes? If no, please specify your country of residence for income tax purposes below.
		<div style="border: 1px solid black; padding: 5px; width: 400px;">Country of Residence</div>
<input checked="" type="radio"/> Yes	<input type="radio"/> No	E) Are you attending a post-secondary institution located in Canada? If no, and you are a resident of Canada for income tax purposes, please provide documentation that confirms that you are presently a resident of Canada for income tax purposes with your EAP application.

SECTION 3: Payment Preference

F) Would you like to receive your EAP by Direct Deposit (available for Canadian Bank Accounts only)?

If no, a cheque will be mailed to you.

If yes, you authorize CEFI to deposit the EAP into the bank account provided; you confirm that you are the sole account holder; that your account is held at a Canadian Banking Institution and that CEFI may provide an email confirmation to you when the EAP is deposited. You understand that you are responsible for providing correct bank account information and CEFI is not responsible for EAPs that are deposited incorrectly based on incorrect bank account information.

☒ Yes ☐ No

Transit
1 | 5 | 5 | 2 | 2

Bank
0 | 0 | 4

Account Number
6 | 5 | 1 | 9 | 2 | 8 | 7 | | | | | | | | | |

SECTION 4: Deferral of EAP

☐ Yes ☒ No

G) Please defer my EAP for one year until August 1, 2017. Please provide an explanation below.

Explanation

SECTION 5: Beneficiary's Signature

By signing below, you confirm that the information you have provided is complete and accurate.

Arjun Dhiman

Beneficiary's Signature

31/07/2016

Date _____