



Schedule "A"

Account No.

Particulars of additional Beneficiaries for your
Family Scotia Self-directed Education Savings Plan

Designation of Beneficiaries

The following person(s) is (are) designated as Beneficiary (Beneficiaries) entitled to receive educational assistance payments under this Plan. Subscribers have the right to change beneficiaries at any time by giving notice in the manner required by the Trustee.

Beneficiary

Please indicate Beneficiary Number in box.

Beneficiaries must be connected to the Subscriber(s) by blood relationship or adoption within the meaning of the applicable tax legislation.

Complete only if different from Subscriber and Beneficiary is under 18.

Title	First Name	Initial	Surname	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Subscriber		Social Insurance Number		Date of Birth (YYYYMMDD)
<input type="text"/>		<input type="text"/>		<input type="text"/>
Street Address				Suite/Apt.
<input type="text"/>				<input type="text"/>
City	Province	P.C.	PAC Contribution % Allocation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
c/o Custodial Parent Name			Custodial Parent Phone	
<input type="text"/>			<input type="text"/>	
Custodial Parent Address				Suite/Apt.
<input type="text"/>				<input type="text"/>
City	Province	Postal Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Beneficiary

Please indicate Beneficiary Number in box.

Beneficiaries must be connected to the Subscriber(s) by blood relationship or adoption within the meaning of the applicable tax legislation.

Complete only if different from Subscriber and Beneficiary is under 18.

Title	First Name	Initial	Surname	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Subscriber		Social Insurance Number		Date of Birth (YYYYMMDD)
<input type="text"/>		<input type="text"/>		<input type="text"/>
Street Address				Suite/Apt.
<input type="text"/>				<input type="text"/>
City	Province	P.C.	PAC Contribution % Allocation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
c/o Custodial Parent Name			Custodial Parent Phone	
<input type="text"/>			<input type="text"/>	
Custodial Parent Address				Suite/Apt.
<input type="text"/>				<input type="text"/>
City	Province	Postal Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Beneficiary

Please indicate Beneficiary Number in box.

Beneficiaries must be connected to the Subscriber(s) by blood relationship or adoption within the meaning of the applicable tax legislation.

If there is insufficient space available for the number of Beneficiaries desired, please attach an additional Schedule "A".

Complete only if different from Subscriber and Beneficiary is under 18.

Title	First Name	Initial	Surname	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Subscriber		Social Insurance Number		Date of Birth (YYYYMMDD)
<input type="text"/>		<input type="text"/>		<input type="text"/>
Street Address				Suite/Apt.
<input type="text"/>				<input type="text"/>
City	Province	P.C.	PAC Contribution % Allocation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
c/o Custodial Parent Name			Custodial Parent Phone	
<input type="text"/>			<input type="text"/>	
Custodial Parent Address				Suite/Apt.
<input type="text"/>				<input type="text"/>
City	Province	Postal Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		