

Form 0073 is to be completed only if the Subscriber is the Custodial Parent/Legal Guardian and Primary Caregiver ("PCG") of the Beneficiary. The PCG is the person primarily responsible for the care and upbringing of the Beneficiary. The PCG can be an individual or a public entity.

The form is comprised of two pages. The first page is where the Subscriber(s) and Beneficiary information (i.e. full name, Social Insurance Number, etc) are entered, and the second page is the consent page.

●**Reminder:** One government grant application is required per Contract number.

**Incentives**

<p><b>Subscriber-Only Application for :</b> (Use this form <u>only</u> when the Subscriber is also the Custodial Parent / Legal Guardian and the Primary Caregiver of the Beneficiary)</p>	<p><input type="checkbox"/> <b>Basic Canada Education Savings Grant</b> <input type="checkbox"/> <b>Additional Canada Education Savings Grant</b> <input type="checkbox"/> <b>Canada Learning Bond</b></p>
<p><b>Protected "B" When Completed - Personal Information Banks HRSDC PPU 390 and HRSDC PPU 506</b></p>	
<p><b>Instructions :</b></p> <ol style="list-style-type: none"> <li>1. Check above all the incentives you wish to apply for.</li> <li>2. Read this document carefully. If you have any questions, do not hesitate to ask the Promoter.</li> <li>3. This form is valid only if completed, signed, dated and given to the Promoter. Do <u>not</u> send directly to HRSDC.</li> <li>4. Please print clearly. Keep a copy for your records.</li> </ol>	

The Subscriber(s) must select all of the incentives that they wish to receive at the top of the first page.

**NOTE:** If an incentive box is not selected, we will not be able to apply for this particular grant on your behalf.

**Subscriber**

<p><b>Subscriber</b> (Please see explanation below. Enter name as on your CCTB Notice. No payment can be made if incorrect name is provided)</p>	Last Name	First Name	Middle Name/Initial
	Address	Postal Code	Social Insurance Number
	or Name of Agency and Name of Representative		Business Number

The Subscriber section of the application is to be completed by the individual receiving the Canada Child Tax Benefit. The person eligible to receive the Canada Child Tax Benefit is the PCG.

If a public agency is the Beneficiary's Legal Guardian and that agency is applying for the government incentives, the Subscriber section would be completed by the representative of the public agency by entering the name of the agency, the name of the agency representative and the agency's business number.

*In order to receive the Additional 20% CESG: An individual primary caregiver must have a family net income of \*\$38,832 or less<sup>1</sup>; or a public primary caregiver must receive payments under the Children's Special Allowance Act for a child in care.*

*To receive the Additional 10% CESG: An individual primary caregiver must have a family net income more than \*\$38,832 but not more than \$77,664.*

### Joint Subscriber

<b>Joint Subscriber</b> (If applicable - may be the Subscriber's spouse)	Last Name	First Name	Middle Name/Initial

The joint Subscriber section is to be completed if the Contract is owned by two people. The joint Subscriber would be the subscriber who is **NOT** the PCG.

### Beneficiary

<b>Beneficiary</b> (Please see explanation below - Enter name as on SIN card)	Last Name	First Name	Middle Name/Initial
	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	y   y   y   y   m   m   d   d	Social Insurance Number	

Next, the Beneficiary section must be completed. It is important to enter the Beneficiary's details exactly as they appear on his/her Social Insurance Number ("SIN") card.

**NOTE:** The Beneficiary must have a Social Insurance Number in order to be eligible to receive the government incentives.

In those cases where the Beneficiary does not have a Social Insurance Number, the application will be made to HRSDC for the incentives once the Social Insurance Number has been received by Heritage.

### Promoter

<b>Promoter</b> (This block to be completed by the Promoter)	Name, Address, Postal Code		Telephone
	RESP Specimen Plan Number		RESP Contract Number

- The Promoter section is completed by the RESP promoter. Heritage Educational Foundation is your RESP promoter.
- This section is to be completed by the Heritage Home Office; however, the sales representative is responsible for entering the contract number in the RESP Contract Number space.
- Reminder: One government grant application is required per Contract number.

<sup>1</sup> Income levels are indexed yearly  
Revised Date: 100609  
Revised By: Jehan Lopez

## Conditions

### Conditions

1. In order for the Basic and Additional Canada Education Savings Grant to be paid, the Beneficiary must be resident in Canada at the time of each contribution to the RESP and for a Canada Learning Bond to be paid, the Beneficiary must be resident in Canada immediately before a Canada Learning Bond payment is made.
2. An Additional Canada Education Savings Grant and/or Canada Learning Bond may be paid only if the RESP has one Beneficiary or, if there is more than one, every Beneficiary is a brother or sister of every other Beneficiary.
3. If the Beneficiary is 18 or 17, at least one of the following must have occurred in order for the Beneficiary to be eligible for the Basic and Additional Canada Education Savings Grant:
  - in any four years before the end of the year in which the Beneficiary turned 15, a total of at least \$100 per year must have been contributed to one or more RESPs in respect of the Beneficiary, and not withdrawn; or
  - a total of at least \$2,000 must have been contributed to one or more RESPs in respect of the Beneficiary before the end of the year in which the Beneficiary turns 15, and not withdrawn.

The top of the second page of the government grant Form 73 lists the conditions that the Subscriber and Beneficiary must meet in order to receive the government incentives.

## Sharing Personal Information

### Sharing of your Personal Information

I understand that:

1. The authority of the Government of Canada to collect, share, and use personal information and other information included on this form for the purposes described below is provided under the *Department of Human Resources and Skills Development Act*, the *Canada Education Savings Act* and the *Income Tax Act*. Once under the control of Human Resources and Skills Development Canada, that information is administered in accordance with all applicable laws including the *Canada Education Savings Act*, the *Privacy Act* and the *Department of Human Resources and Skills Development Act*. Once under the control of Canada Revenue Agency, that information is administered in accordance with all applicable laws including the *Privacy Act* and the *Income Tax Act*.
2. The information included on this form and the information respecting the RESP may be used by and shared between Human Resources and Skills Development Canada, the Canada Revenue Agency, the promoter and Trustee and their Agents for the administration (which may include policy analysis, research and evaluation) of the *Canada Education Savings Act* and the *Income Tax Act*.
3. In order for a payment of the Additional Canada Education Savings Grant and/or Canada Learning Bond to be made, my adjusted family income will be verified with the Canada Revenue Agency. My adjusted family income information will be provided to Human Resources and Skills Development Canada by the Canada Revenue Agency.

Next is an explanation of how the personal information entered on the application will be used and shared between government agencies and the promoter of the RESP Contract.

## Consent

### Declaration and Consent

I authorize the promoter to ask the Trustee to apply for the grants I have indicated on the previous page in respect of the Beneficiary.

I confirm that I am the Custodial Parent or Legal Guardian and that I am the Primary Caregiver of the Beneficiary.

I confirm that the Beneficiary meets the residency requirements set out above and agree to inform the Trustee if, at any time, there is a change in the Beneficiary's circumstances.

I designate the RESP indicated in this document to receive, in trust, any payments of the Additional Canada Education Savings Grant and/or Canada Learning Bond.

I have read and understood this document. I understand that the *Privacy Act* gives me (or my authorized representative) the right to access or request correction to my personal information kept in my government file.

Following *Sharing of your Personal Information* is the *Declaration and Consent* section

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where the Subscribers indicate if they consent or do not consent to the use and sharing of their personal information.

<input type="checkbox"/> Yes <input type="checkbox"/> No      I consent to the use and sharing of my personal information as mentioned above. <b>NOTE:</b> I understand that the provision of the information is voluntary and that I am not required to give my consent; however, if I do not give my consent, Human Resources and Skills Development Canada cannot pay the Basic and/or Additional Canada Education Savings Grant nor the Canada Learning Bond to the Trustee in respect of the RESP Beneficiary.
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**IMPORTANT REMINDER:** You must consent to the use and sharing of your personal information and the personal information of the Beneficiary. Otherwise, we will not be able to apply for the Basic CESG, Additional CESG, and the CLB grants on your behalf.

### Signatures

_____ Signature of Subscriber who is also the Custodial Parent / Legal Guardian and Primary Caregiver of the Beneficiary	x   x   x   x   x   m   m   d   d   Date
_____ Signature of Joint Subscriber (if applicable)	x   x   x   x   x   m   m   d   d   Date

Lastly, the Subscriber(s) must sign and date the application. The first signature must belong to the PCG.

**REMINDER:** Please ensure that Heritage receives the original signed Government Grant Application form.