



# ANNEX C

## APPLICATION: Saskatchewan Advantage Grant for Education Savings (SAGES)

APPLICATION: Basic and Additional Canada Education Savings Grant (CESG) and Canada Learning Bond (CLB)

*This annex is only for Beneficiaries who are residents of Saskatchewan.*

### Instructions:

1. This annex is to be completed and signed by the Subscriber(s) of the RESP. The Custodial Parent/Legal Guardian also must sign if different than the Subscriber(s).
2. Read this document carefully. If you have any questions, do not hesitate to ask the RESP Provider.
3. This annex is valid only if completed, signed, dated and given to the RESP Provider. **Do NOT send directly to Human Resources and Skills Development Canada (HRSDC).**
4. Keep a copy for your records.

RESP Provider

RESP Contract No.

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## C-1

### Information About the Subscriber(s)

You are the **Subscriber** if you opened the RESP for the eligible children.

Subscriber's Family Name (last name)

Subscriber's Given Name (first name)

If applicable, must be the spouse or common law partner of the Subscriber.

Joint Subscriber's Family Name (last name)

Joint Subscriber's Given Name (first name)

In the case of a **Child Care Agency**

Name of Agency

Name of Agency Representative

## C-2

### Information About the Beneficiaries

If you answer NO, the SAGES will not be paid.

YES  NO

All Beneficiaries named to this RESP are siblings **AND** all Beneficiaries listed on this annex are residents of Saskatchewan (SK).

Beneficiary's Family Name (last name)

Beneficiary's Given Name (first name)

Date of Birth (yyyy/mm/dd)

Sex

SK Resident Since (yyyy/mm/dd)

Male  Female

The **Beneficiary** is the child named by the Subscriber who will receive money to help pay for his or her post-secondary education if they qualify under the terms of the RESP.

Beneficiary's Family Name (last name)

Beneficiary's Given Name (first name)

Date of Birth (yyyy/mm/dd)

Sex

SK Resident Since (yyyy/mm/dd)

Male  Female

Beneficiary's Family Name (last name)

Beneficiary's Given Name (first name)

Date of Birth (yyyy/mm/dd)

Sex

SK Resident Since (yyyy/mm/dd)

Male  Female

**For more than three Beneficiaries, attach additional copies of this annex.**

Additional Beneficiaries - see attached

= Total number of Beneficiaries



# C-3

## Conditions for Payment of the SAGES

This section explains the conditions under which the grant will be paid into an RESP.

1. In order for the Saskatchewan Advantage Grant for Education Savings (SAGES) to be paid, the Beneficiary must be a resident of Saskatchewan at the time any contribution to the RESP is made.
2. The SAGES may be paid only if the RESP has one Beneficiary or, if there is more than one, all Beneficiaries are siblings.
3. If the Beneficiary is 16 or 17, at least one of the following must have occurred in order for the Beneficiary to be eligible for the SAGES:
  - 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.

# C-4

## Declaration and Consent

You must read this section and sign to receive the grant in this RESP.

I authorize the RESP Provider to ask the Trustee to apply for the SAGES in respect of the Beneficiaries.

I confirm that the Beneficiaries are residents of Saskatchewan and I agree to inform the RESP Provider if, at any time, there is a change in the Beneficiaries' circumstances.

I authorize that the information related to this RESP be used for the purposes of administering SAGES.

I understand that the *Privacy Act* (Canada) gives me (or my authorized representative) the right to access or request correction to my personal information and the Beneficiaries' personal information (as applicable) kept in the government file.

I confirm that I have read and understood this document, including my privacy rights found in Section C-5 and I consent to the use and sharing of my personal information and the Beneficiaries' personal information (as applicable).

\_\_\_\_\_  
Subscriber's Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Joint Subscriber's Signature (*if applicable*)

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Custodial Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

To be completed only if different than the Subscriber/ Joint Subscriber.

Custodial Parent/Legal Guardian's Name (please print)



## C-5

### Your Privacy Rights

This section explains why your information is collected and how it is used, shared and protected.

The personal information on this form is collected under the authority of *The Saskatchewan Advantage Grant for Education Savings Act* (Saskatchewan), *The Saskatchewan Advantage Grant for Education Savings Regulations* (Saskatchewan), the *Canada Education Savings Act* (Canada) and the *Income Tax Act* (Canada) for the purpose of administering the Saskatchewan Advantage Grant for Education Savings by the Government of Saskatchewan, Human Resources and Skills Development Canada (HRSDC) and the Canada Revenue Agency (CRA).

The collection, use and disclosure of personal information are compliant with *The Freedom of Information and Protection of Privacy Act* (Saskatchewan), the *Privacy Act* (Canada), the *Department of Human Resources and Skills Development Act* (Canada) and the *Personal Information Protection and Electronic Documents Act* (Saskatchewan).

Participation in the SAGES is voluntary. Refusal to provide personal information will result in HRSDC being unable to pay the SAGES to the Trustee in respect of the RESP Beneficiaries.

The information on this form may be used by and shared between the Government of Saskatchewan, HRSDC, the CRA, the RESP Provider, the Trustee and their agents for the administration of the *Saskatchewan Advantage Grant for Education Savings Act* (Saskatchewan) and the *Income Tax Act* (Canada).

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. In order to conduct these activities, various sources of information under the custody and control of HRSDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

## C-6

### Definitions

These definitions are provided for your information only and do not constitute the legal definitions. In the event of a discrepancy, the legal definitions found in the *Income Tax Act*, the *Canada Education Savings Act* and *The Saskatchewan Advantage Grant for Education Savings Act* shall prevail.

**Custodial Parent/Legal Guardian:** Individual, department, agency or institution that has the responsibility of taking care of the child and the legal right to make decisions affecting the child's interests.

**RESP Provider** (also called promoter): Individual or organization offering an RESP to the public and who will open an RESP for the Subscriber.

**Saskatchewan Advantage Grant for Education Savings (SAGES):** A payment of 10% on the first \$2,500 of annual RESP contributions made on behalf of an eligible Beneficiary, up until the end of the calendar year in which the Beneficiary turns 17.

**Subscriber:** Individual or Child Care Agency, who opens an RESP, names one or more Beneficiaries and may deposit money (contributions) for them into the RESP.

**Trustee:** Financial organization that invests, administers, and distributes the money in the RESP for the Beneficiary.

**Where to get more information about the Saskatchewan Advantage Grant for Education Savings:**

**Phone:** 1 888 276-3624 / 1 800 465-7735 for TTY users only

**E-mail:** [cesp-pcee@hrsdcc-rhdcc.gc.ca](mailto:cesp-pcee@hrsdcc-rhdcc.gc.ca)

**Internet:** [www.hrsdc.gc.ca](http://www.hrsdc.gc.ca)