

Account Number		

Education Savings Plan (Individual)

1. Subscriber Information

First and Last Names as well as Social Insurance	First Name			M.I. Last Name			Gender			
Number are mandatory	Birth Date MM DD YYYY	Social I	Insurance Numb	per	Phone Number					
fields.										
	Loral Address									
	Legal Address									
	Civic # / RR # Street Name / RR						Street Type			
	Disastina / Tana	NAT OF					Unit # / Apartment # / Floor #			
	Direction / Type	Unit Type / Floor				onit # / Apartinent # / 11001 #				
	Cin	Dan di	/ Ct-t-	Darkel / 7in Carla			Country			
	City	Provii	nce / State		Postal / Zip Code	Country				
	Joint Subscriber Information (Spouse or Common-Law Partner)									
	First Name		M.I.	M.I. Last Name		Gender				
					,		F M M			
	Birth Date MM DD YYYY	Social I	Insurance Numb	per	Phone Number					
	Same address as above, OR									
	Legal Address									
	Civic # / RR #	Street Name / RR					Street Type			
	Direction / Type	vpe Unit Type / Floor					Unit # / Apartment # / Floor #			
	City	Provi	nce / State		Postal / Zip Code	Country				
2. Beneficiary	Decianatio	n (Man	daton	/ \						
Z. Deficition y	Designatio	ii (ivialidatory)								
	Individual Plans may have only one beneficiary including the subscriber or subscriber's spouse or common-law partner.									
	It is essential that the name and social insurance number of the beneficiary recorded below are exactly as they appear on the social insurance card. Errors or omissions may prevent ESDC from paying grants.									
	Beneficiary									
	First Name		M.I.	Last Name			Gender			
							F M			
	Relationship to Subscriber	Bii	rth Date MM D	D YYYY	Social Insurance Number (Re	equired)	% Allocation			
	Same Address as Subscriber (Note: if different, please complete the following.)									
Please provide the name	Beneficiary Custodial Parent, Guardian or Public Primary Caregiver									
and address of the custodial parent, guardian	First Name M.I. Last Name					SIN of Parent/Guardian (Required)				
or public primary caregiver										
for any beneficiary who is under 19 years of age.	Level Address									
-	Legal Address Civic # / RR # Street Name / RR						Street Type			
Fidelity Clearing Canada ULC will advise the public	CIVIC # / RR #	Street Name / RR Street Type								
primary caregiver of a plan	Direction / Time									
that has been opened for the beneficiary who is	een opened Direction / Type Unit Type / Floor Unit # / Apartment # / Floor #									
under the age of majority	City	Province / State Postal / Zip Code Country								
and is maintained by a public primary caregiver.	City	Province / State Postal / Zip				Country				

3. Application for Grant

In order to apply for the Government Grants, this Education Savings Plan must be accepted for registration by The Canada Revenue Agency and the subscriber must duly complete the prescribed government forms to Fidelity Clearing Canada ULC.

Failure to provide these documents pursuant to the terms of the Applicable Tax Legislation and the Applicable Grant Legislation may result in missed or delayed payments.

I do not wish to participate in any grant program

4. Designated Education Institution

In the event that no beneficiary or other person qualifies for payments under the Plan, the educational institution designated below shall be entitled to the net accumulated income portion held under the plan.

Name of Institution	City	Province

5. Termination Date

I/We confirm that no contribution may be made to the Plan by or on behalf of me after the 31st year following the year in which the Plan was entered into or the 35th year following the year in which the Plan was entered into for Specified Plans.

Final Contribution Date
December 31,

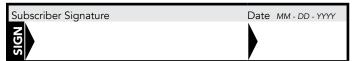
The Final Termination date must be no later than the last day of the 35th year following the year in which the plan is entered into or the 40th year following the year in which the plan is entered into for Specified Plans.

Final Termination Date

December 31,

6. Subscriber Signature

I/We hereby apply for a Fidelity Clearing Canada ULC Self-Directed Education Savings Plan - Single Beneficiary Plan (the "Plan"), as indicated above. I/We request that Fidelity Clearing Canada ULC apply to register the plan in accordance with the applicable Income Tax legislation and understand that benefits received from the plan may be taxable. I/We acknowledge that contributions to the plan in excess of the amounts allowed, under applicable tax legislation, will result in a penalty tax. I/We certify the information set out above is correct and agree to provide any further information which may be required in connection with the registration and administration of the plan. I/We have received, read and agree to the terms and conditions.





7. Promoter Trustee Acceptance



Accepted by **Fidelity Clearing Canada ULC** as Promoter and for TSX Trust Company