



# Québec Education Savings Incentive

## Notice of Appointment of a Mandatary

This form must be completed by any registered education savings plan (RESP) trustee to inform the Minister of Revenue of Québec that it is appointing a mandatary to exercise certain powers and functions set out in the Québec education savings incentive (QESI) agreement that the trustee entered into with the Minister.

- Under the terms of the QESI agreement,
- there can be **only one mandatary** per plan; and
  - the mandatary must be responsible for **all the powers and functions** described in Part 3.

Any authorized representative of the trustee or mandatary who is neither the president, vice-president, secretary or treasurer of a corporation, nor one of the partners of a partnership, must provide documentation certifying the representative's authority to act on behalf of the trustee or mandatary, as the case may be.

The form must be sent by registered mail or by messenger to

Direction de l'évolution des processus relatifs aux programmes sociofiscaux  
Revenu Québec  
3800, rue de Marly, secteur 3-2-2  
Québec (Québec) G1X 4A5

Written notification of any changes in the information provided on this form must be sent to the above address by registered mail or by messenger.

### 1 Identification

#### 1.1 Trustee

Québec enterprise number (NEQ)

Identification number

Name of business

Address

Apt., suiteStreet numberStreet name

City, town or municipalityProvince, state, countryPostal code

Last name, first name and title of the authorized representative, if applicable

EmailArea codeTelephoneExtension

#### 1.2 Mandatary

Québec enterprise number (NEQ)

Identification number

Name of business

Address

Apt., suiteStreet numberStreet name

City, town or municipalityProvince, state, countryPostal code

Last name, first name and title of the authorized representative, if applicable

EmailArea codeTelephoneExtension

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## 2 Information about the plan

Provide the information requested for the plan covered by a QESI agreement. If more than one plan is covered by such an agreement, provide the information about the additional plans on page 3.

Plan name	Plan number	Plan type <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Family
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Are accumulated income payments authorized under this plan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is payment to a designated educational institution authorized under this plan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the refund of contributions to the beneficiary authorized under this plan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is replacement of the beneficiary authorized under this plan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the plan provide for the transfer of property between RESPs? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the designation of another person to carry out administrative functions authorized under this plan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 3 Signature of trustee

In accordance with the QESI agreement that I entered into with the Minister of Revenue of Québec, I hereby give notice that I have appointed the person whose name appears in section 1.2 as my mandatary. As such, for the plan indicated in Part 2, and, if applicable, the plan(s) indicated on page 3, that person shall represent me for the purposes of exercising the following powers and functions:

- exchanging information with the Minister;
- applying for, receiving and repaying the QESI;
- complying with the application of the special taxes related to the QESI.

\_\_\_\_\_  
Name of trustee

\_\_\_\_\_  
Signature of trustee or authorized representative

\_\_\_\_\_  
Date

## 4 Signature of mandatary

I confirm that I have agreed to be the mandatary of the trustee identified in section 1.1 for the purposes of exercising the powers and functions described in Part 3, which have been delegated to me by the trustee in respect of the plan indicated in Part 2, and, if applicable, the plan(s) indicated on page 3.

\_\_\_\_\_  
Name of mandatary

\_\_\_\_\_  
Signature of mandatary or authorized representative

\_\_\_\_\_  
Date



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## Information about the additional plans

Provide the information for the plan(s) covered by a QESI agreement.

Plan name	Plan number	Plan type <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Family
Are accumulated income payments authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is payment to a designated educational institution authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is the refund of contributions to the beneficiary authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is replacement of the beneficiary authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Does the plan provide for the transfer of property between RESPs? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is the designation of another person to carry out administrative functions authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

Plan name	Plan number	Plan type <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Family
Are accumulated income payments authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is payment to a designated educational institution authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is the refund of contributions to the beneficiary authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is replacement of the beneficiary authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Does the plan provide for the transfer of property between RESPs? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is the designation of another person to carry out administrative functions authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

Plan name	Plan number	Plan type <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Family
Are accumulated income payments authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is payment to a designated educational institution authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is the refund of contributions to the beneficiary authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is replacement of the beneficiary authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Does the plan provide for the transfer of property between RESPs? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is the designation of another person to carry out administrative functions authorized under this plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		



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