

M MATURITY APPLICATION



Please review the following options and select the option best suited for your student's post-secondary education needs.

Note: The option to transfer is for Family Group Plans only. You can transfer before your Family Group Plan matures. Education Assistance Payment (EAP) payouts differ for Family Single Student Plans. Refer to "**Maturity Instructions**" for details.

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|---|------------------------|---|--|
| 1 PLAN OPTIONS: RESPOND BY JULY 31 (SELECT ONE OPTION ONLY) | | | |
| <p>FOR ALL PLAN TYPES:</p> <p><input type="checkbox"/> Option 1: Mature existing agreement and retain grants Complete sections 2 through 5 below.</p> <p><input type="checkbox"/> Option 2: Mature existing agreement and waive grants Your net contributions will be returned. You understand that by selecting this option, any grants accumulated will be forfeited and returned to the government. Complete sections 2 and 5 below.</p> <p><input type="checkbox"/> Option 3: Delay the maturity of the existing agreement until next year and retain grants Complete sections 2 and 5 below.</p> | | <p>FAMILY GROUP PLAN TRANSFER</p> <p>To transfer to Family Single Student Plan, complete the 'Family Group Transfer Request' and select one of the options below.</p> <p><input type="checkbox"/> Option 4: Mature the new agreement and retain grants Complete sections 2 through 5 below.</p> <p><input type="checkbox"/> Option 5: Mature the new agreement and waive grants Your net contributions will be returned. You understand that by selecting this option, any grants accumulated will be forfeited and returned to the government. Complete sections 2 and 5 below.</p> <p><input type="checkbox"/> Option 6: Delay the maturity of the new agreement until next year and retain grants Complete sections 2 and 5 below.</p> | |
| 2 SUBSCRIBER AND STUDENT INFORMATION | | | |
| RESP AGREEMENT NUMBER(S) | | | |
| SUBSCRIBER 1 NAME | | EMAIL | MAILING ADDRESS |
| SUBSCRIBER 2 NAME | | EMAIL | |
| STUDENT NAME | | EMAIL | STUDENT ADDRESS |
| STUDENT SIN | | IF DIFFERENT FROM SUBSCRIBER | |
| 3 VERIFICATION OF ENROLMENT (PART A) | | | |
| Complete Part A and attach your proof of enrolment (receipt of a tuition fee payment or enrolment letter). An acceptance letter or offer of admission is NOT valid. If you do not have proof of enrolment to attach, the registrar must complete Part B. | | | |
| TYPE OF POST-SECONDARY EDUCATION: <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> CEGEP, PRIVATE, TRADE, VOCATIONAL OR CAREER COLLEGE <input type="checkbox"/> OTHER: | | | |
| EDUCATION INSTITUTION | | ATTENDANCE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME | |
| PROGRAM NAME | | ACADEMIC TERM START DATE Y Y Y Y M M D D | PROGRAM END DATE Y Y Y Y M M D D |
| PROGRAM TYPE: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate | PROGRAM LENGTH (YEARS) | ACADEMIC YEAR (WEEKS) | CURRENT YEAR OF ENROLMENT (E.G. 1 ST , 2 ND , ETC.) |
| VERIFICATION OF ENROLMENT (PART B) | | | |
| INSTITUTION AND REGISTRAR'S INFORMATION (ALL FIELDS MUST BE COMPLETED) | | | |
| INSTITUTION NAME: _____ | | INSTITUTION SEAL/STAMP MUST BE AFFIXED HERE | |
| NAME OF OFFICIAL: _____ | | | |
| SIGNATURE: _____ | | | |
| TELEPHONE: _____ DATE: Y Y Y Y M M D D | | | |
| 4 STUDENT AUTHORIZATION | | | |
| I provide consent to the Registrar to release my post-secondary information as requested above. | | | |
| STUDENT SIGNATURE | | DATE Y Y Y Y M M D D | |
| 5 SUBSCRIBER AUTHORIZATION | | | |
| SUBSCRIBER 1 SIGNATURE | | SUBSCRIBER 2 SIGNATURE (IF APPLICABLE) | |
| DATE Y Y Y Y M M D D | | DATE Y Y Y Y M M D D | |