

**APPLICATION FOR CANADA DISABILITY SAVINGS GRANT  
AND/OR CANADA DISABILITY SAVINGS BOND**

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Transit/Office

**ATTENTION BRANCH STAFF: IMPORTANT INFORMATION ABOUT GRANT APPLICATION REQUIREMENTS**

**To apply for Registered Disability Savings Plan (RDSP) Grant and/or Bond:**

- Complete the main form (ESDC EMP 5608) with the accountholder of the RDSP account.
- Complete Section 3 (Declaration of Refusal) of the main form **only if** the Accountholder does **not** want to apply for the RDSP Grant and/or Bond.

**Annex A (ESDC EMP 5609) must be completed if:**

- There is one or more joint accountholder on the RDSP account.

Note: A separate Annex A must be completed for each joint accountholder of the RDSP account.

**Annex B (ESDC EMP 5610) must be completed if:**

- The beneficiary of the RDSP account is 18 years old or under at the time of the application.
- OR
- The beneficiary of the RDSP account was 18 years old or under during any part of the ten-year period (starting in 2008) prior to the application if the beneficiary was eligible for the Disability Tax Credit for any of those years.

Note: A separate Annex B must be completed for each primary caregiver.

**ATTENTION: BRANCH EMPLOYEES**

Clients may require assistance with completing and/or transmitting the RDSP Grant and/or Bond application to BMO Investment Centre (BMO IC).

Fax all completed RDSP Grant and/or Bond applications to 1-888-840-2817 or 1-888-840-2816 and advise the client that a BMO IC representative will be contacting them to review the RDSP Grant and/or Bond application.

If the client requires assistance with completing the RDSP Grant and/or Bond application, please direct the client to BMO IC at 1-800-665-7700 or visit the RDSP website at: [bmo.com/RDSP/process](http://bmo.com/RDSP/process).

For additional info, refer to Policies and Procedures #421-91, BMO Registered Disability Savings Plan (RDSP).

## APPLICATION FOR: **Canada Disability Savings Grant and/or Canada Disability Savings Bond**

Instructions:

1. This form is to be completed by the holder of the Registered Disability Savings Plan (RDSP).
2. Read this document carefully. If you have any questions, do not hesitate to ask the RDSP issuer.
3. This form is valid only if completed, signed, dated and given to the RDSP issuer. Do NOT send directly to Employment and Social Development Canada (ESDC).
4. Keep a copy for your records.

RDSP Issuer	RDSP Contract No.
<input type="text" value="BMO Investments Inc."/>	<input type="text"/>

### 1 Information About the Beneficiary

Complete the following information about the beneficiary of the RDSP.

- The name must be entered exactly as it appears on Social Insurance Number documentation

**Beneficiary**

The **beneficiary** is the person who will receive the funds in the RDSP in the future.

Beneficiary's Last Name	Beneficiary's First Name	Beneficiary's Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Social Insurance Number	
<input type="text"/>	<input type="text"/>	

### 2 Information About the Holder

Complete the following information only if the holder is different from the beneficiary of the RDSP.

- The name must be entered exactly as it appears on Social Insurance Number documentation.
- If there is more than one holder, please complete Annex A for each of the other holders.

**Holder**

You are the **holder** if you opened the RDSP.

or

The agency is a holder in the case where the beneficiary is a "child in care".

Holder's Last Name	Holder's First Name	Holder's Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Agency	Name of Agency Representative	
<input type="text"/>	<input type="text"/>	
Social Insurance Number / Business Number (if an Agency)	Total Number of Holders	
<input type="text"/>	<input type="text"/>	

### 3 Declaration of Refusal

Complete this section only if you **DO NOT** want to apply for either the grant or bond.

You are not required to receive grants or bonds as part of the RDSP.

- Check the box for the payment you **DO NOT** wish to apply for.

**I DO NOT wish to request payment of the:**

Canada Disability Savings Grant (grant)
  Canada Disability Savings Bond (bond)

### 4 Declaration and Consent of the Holder

The holder must read this section and sign to receive grants and bonds in the RDSP.

*If the holder is also a primary caregiver, complete Annex B.*

I authorize the RDSP issuer to apply for the grant and/or bond.

I confirm that the beneficiary meets all eligibility criteria identified in Section 6.1.

I understand that the provision of the information on this form is voluntary and that I am not required to give my consent; however, if I do not give my consent, the Government of Canada cannot pay the grant and/or bond.

I confirm that I have read, understood, and received a copy of this document, including the privacy rights found in Section 7, and I consent to the use and sharing of my personal information as outlined.

Date (yyyy-mm-dd)	Holder's Signature
<input type="text"/>	<input type="text"/>

### 5 Declaration and Consent of the Beneficiary

Complete this section if the beneficiary is of the age of majority.

The beneficiary must read this section and sign to receive grants and bonds in the RDSP.

*This section must also be completed and added to the issuer's records once the beneficiary turns 18 years of age if the beneficiary has not previously provided consent.*

I confirm that I meet all eligibility criteria identified in Section 6.1.

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, the Government of Canada cannot pay the grant and/or bond.

I confirm that I have read, understood, and received a copy of this document, including the privacy rights found in Section 7, and I consent to the use and sharing of my personal information as outlined.

Date (yyyy-mm-dd)	Beneficiary's Signature
<input type="text"/>	<input type="text"/>

**Where to get more information about the Canada Disability Savings Grant and Canada Disability Savings Bond:**  
 Phone: 1 800 O Canada (1 800 622-6232); 1-800-926-9105 (TTY)  
 E-mail: [rdsp-reei@hrsdcc-rhdcc.gc.ca](mailto:rdsp-reei@hrsdcc-rhdcc.gc.ca) Internet: [www.disabilitysavings.gc.ca](http://www.disabilitysavings.gc.ca)

## 6 Conditions for Payment of the Grant and/or Bond

This section explains some important conditions under which the grants and bonds may be paid into an RDSP.

For more information please refer to the Canada Disability Savings Act and the Income Tax Act.

1. The beneficiary must be eligible to receive the Disability Tax Credit (DTC) and be resident in Canada in the year in which the contribution to the RDSP is made (or, if applicable, the year to which the contribution is allocated) and in the year (or years) to which a bond is payable, as well as immediately before the bond is paid.
2. In order for the grant or bond to be paid, an application must be made on or before December 31 of the year the beneficiary turns age 49. In addition, for the grant, contributions must also be made on or before this date.
3. The total of all contributions and 'rollover' amounts deposited to the RDSP of a beneficiary must not exceed \$200,000.
4. Not more than \$70,000 in grants and \$20,000 in bonds may be paid into the RDSP of a beneficiary during his or her lifetime.
5. The amount of grant and bond entitlement for a given year depends on the beneficiary's family income of the second preceding tax year (for example, 2014 amounts are based on 2012 family income).
6. A beneficiary can be paid unused grant and bond entitlements from the past 10 years (starting from 2008 when the RDSP became available) – if he/she met all eligibility criteria during those previous years. An application and a contribution (if applicable) must be made on or before December 31 of the year the beneficiary turns age 49. The matching rate for grants will be the same rate that would have applied if the contribution had been made in the year in which the grant entitlement was earned. The amount of unused grant and bond entitlements depends on the family income established for the particular year that the unused entitlement was earned.
7. Grants and bonds can be paid on unused entitlements up to an annual maximum of \$10,500 for grant and \$11,000 for bond.

## 7 Payment of the Grant and/or Bond

The application for the grant will be submitted in ESDC's electronic system by the issuer at the time of each contribution. A new application form is not required for each contribution.

The application for the bond will be automatically resubmitted in ESDC's electronic system every year by the issuer. A new application form is not required for each year.

Unused entitlement to grant and bond for the last ten years (starting in 2008) will be calculated automatically, with contributions allocated to highest then oldest matching rates that the beneficiary is entitled to.

This section clarifies some of the administrative processes around the payment of the grant and bond.

Up to and including the year that the beneficiary turns 18 years of age, the family income used to determine the annual grant and bond entitlement is based on the family income of the primary caregiver (unless the beneficiary is under the care of a public department, agency, or institution that is legally authorized to act on behalf of the beneficiary and where the organization receives at least one payment in respect of the beneficiary under the *Child Special Allowances Act*).

Consent to use, share, and disclose the personal information of the primary caregivers is required in order to determine the amount of grant and bond for each year that the entitlement was generated. **Annex B** provides additional details and will need to be completed to ensure that the information for the years up to when the beneficiary turns 18 is available to determine the amount of grant and bond.

Starting in the year that the beneficiary turns 19 years of age and each year after this, personal information of the beneficiary held by the Canada Revenue Agency is used to verify family income. This is true regardless of whether he or she resides with or continues to receive support from their parents or guardians.

Should the plan holder ever wish to discontinue payments of the grant and/or bond into the beneficiary's RDSP, the 'Revocation of Request for Canada Disability Savings Grant and/or Canada Disability Savings Bond' form available at the issuer's place of business must be completed, signed, and given to the issuer.

## 8 Your Privacy Rights

This section explains why your information is collected and how it is used, shared and protected. It also explains how you can access your personal information.

The information you provide on this form is collected under the authority of the *Canada Disability Savings Act* (CDSA) and the *Income Tax Act* (ITA) for the purposes of determining eligibility for a Canada Disability Savings Grant (grant) or Canada Disability Savings Bond (bond), (including for previous years in order to determine if there are any unused grant and/or bond entitlements from those years), to calculate amounts payable and to administer the grant and bond. Information may be used by and shared between Employment and Social Development Canada (ESDC), the Canada Revenue Agency, and the issuer for the administration of the CDSA and the ITA.

The Social Insurance Number (SIN) is collected under the authority of the CDSA and Income Tax Act, and will be used as a file identifier and to ensure an individual's exact identification so that the beneficiary's eligibility for the Disability Tax Credit (DTC), residency and family income can be verified for the purposes of determining whether a grant or bond may be paid. While eligibility for the DTC may be verified, information contained within the Disability Tax Credit Certificate (i.e., the nature of the beneficiary's disability) will not be collected, used or disclosed.

Submitting this application is voluntary. However, if you refuse to provide your personal information, ESDC will be unable to process your application.

The information you provide may also be used and/or disclosed by ESDC for policy analysis, research and/or evaluation purposes of RDSP, grant and/or bond administration and/or design. In order to conduct these activities, various sources of information under the custody and control of ESDC 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 (such as a decision on your entitlement to a grant and/or bond).

Your personal information is administered in accordance with the CDSA, the *Department of Employment and Social Development Act*, the *Privacy Act*, the *Income Tax Act* and all other applicable laws. You have the right to access or request correction to your personal information kept in Personal Information Bank "HRSDC PPU 038". Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at the following Web site address: [www.infosource.gc.ca](http://www.infosource.gc.ca). *Info Source* may also be accessed online at any Service Canada Centre.

Personal information of the plan holder is used to verify their identity in the Social Insurance Registry in order to identify the correct RDSP.

Personal information of the beneficiary is used to verify their identity in the records held in the Social Insurance Registry in order to identify the correct RDSP. Where the beneficiary is not of the age of the majority, the holder authorizes the collection, use, and sharing of the beneficiary's personal information for this purpose.

Starting in the year that the beneficiary turns 19 years of age and each year after this, their personal information held by the Canada Revenue Agency is used to verify family income as well as validate eligibility criteria. The beneficiary's consent to use, share and disclose their personal information is voluntary but if they do not consent, the Government of Canada cannot pay bond starting in the year the beneficiary turns 19 years of age and the maximum matching rate for grant will be 100% of contributions up to \$1,000 each year.

**Beneficiary:** The individual who will receive payments from the RDSP in the future.

**Disability Tax Credit (DTC):** A non-refundable tax credit available to individuals who, in a given taxation year, have one or more severe and prolonged impairments in physical or mental functions. A medical practitioner, using the appropriate form, must certify the effects of the impairment and the Canada Revenue Agency must approve the application. See the Income Tax Act, section 118.3 for further details.

**Issuer:** A corporation authorized to offer the RDSP to the public. The issuer opens an RDSP for the holder and handles related administrative matters.

**Holder:** is an individual, agency, department or institution that opens an RDSP, names one beneficiary and may authorize or make deposits (contributions) on behalf of the beneficiary into the RDSP. The plan holder may be:

- The beneficiary;
- If the beneficiary is not of the age of majority at the time the RDSP is opened, the legal parent, legal representative, or public department, agency, or institution that is legally authorized to act on behalf of the beneficiary;
- If the beneficiary is of the age of majority at the time the RDSP is opened but is not contractually competent, the legal representative or the public department, agency, or institution that is legally authorized to act on behalf of the beneficiary; or
- If the RDSP is opened before 2017 and the beneficiary is of the age of majority at the time the RDSP is opened but the issuer, after a reasonable enquiry, has doubts regarding the beneficiary's contractual competency and no person or entity has been legally authorized to act on their behalf: the spouse, common-law partner or parent of the beneficiary (also referred to as a qualifying family member (see s. 146.4(1) Income Tax Act for further details)).

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 *Canada Disability Savings Act*, and the *Income Tax Act* prevail.

## ANNEX A – Joint Holder

### APPLICATION FOR: **Canada Disability Savings Grant and/or Canada Disability Savings Bond**

Instructions:

1. A separate annex is to be completed for each joint holder of the Registered Disability Savings Plan (RDSP) that was not identified on the *Application for Canada Disability Savings Grant and/or Canada Disability Savings Bond*.
2. Read this document carefully. If you have any questions, do not hesitate to ask the RDSP issuer.
3. This form is valid only if completed, signed, dated and given to the RDSP issuer. **Do NOT send directly to Employment and Social Development Canada.**
4. Keep a copy for your records.

Beneficiary's Last Name	Beneficiary's First Name	Beneficiary's Middle Name	RDSP Contract No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### A-1 Information About the Joint Holder

**Complete the following information if you are also a holder of the RDSP.**

- The name must be entered exactly as it appears on Social Insurance Number documentation

**Joint Holder**

Last Name	First Name	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Social Insurance Number		
<input style="width: 95%;" type="text"/>		

### A-2 Declaration and Consent of the Joint Holder

I authorize the RDSP issuer to apply for the grant and/or bond.

You must read this section and sign to receive grants and bond in the RDSP.

I confirm that the beneficiary meets all eligibility criteria identified in Section 6.1 of the *Application for the Canada Disability Savings Grant and/or Canada Disability Savings Bond*.

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, the Government of Canada cannot pay the grant and/or bond.

*If the joint holder is also a primary caregiver, Annex B must be completed.*

I confirm that I have read, understood, and received a copy of this document, including the privacy rights found in Section A-3, and I consent to the use and sharing of my personal information.

Date (yyyy-mm-dd)	Joint Holder's Signature
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### A-3 Your Privacy Rights

This section explains why your information is collected and how it is used, shared and protected. It also explains how you can access your personal information.

The information you provide on this form is collected under the authority of the *Canada Disability Savings Act* (CDSA) and the *Income Tax Act* (ITA) for the purposes of determining eligibility for a Canada Disability Savings Grant (grant) or Canada Disability Savings Bond (bond), (including for previous years in order to determine if there are any unused grant and/or bond entitlements from those years), to calculate amounts payable and to administer the grant and bond. Information may be shared with Employment and Social Development Canada (ESDC), the Canada Revenue Agency, and the issuer for the administration of the CDSA and the ITA.

The Social Insurance Number (SIN) is collected under the authority of the CDSA and will be used as a file identifier and to ensure an individual's exact identification so that the beneficiary's eligibility for the Disability Tax Credit (DTC), residency and family income can be verified for the purposes of determining whether a grant or bond may be paid. While eligibility for the DTC may be verified, information contained within the Disability Tax Credit Certificate (i.e., the nature of the beneficiary's disability) will not be collected, used or disclosed.

Submitting this application is voluntary. However, if you refuse to provide your personal information, ESDC will be unable to process your application.

The information you provide may also be used and/or disclosed by ESDC for policy analysis, research and/or evaluation purposes of RDSP, grant and/or bond administration and/or design. In order to conduct these activities, various sources of information under the custody and control of ESDC 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, (such as a decision on your entitlement to a grant and/or bond).

Your personal information is administered in accordance with the CDSA, the *Department of Employment and Social Development Act*, the *Privacy Act*, the *Income Tax Act* and all other applicable laws. You have the right of access to, and to the protection of, your personal information. It will be kept in Personal Information Bank "HRSDC PPU 038". Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following Web site address: [www.infosource.gc.ca](http://www.infosource.gc.ca). Info Source may also be accessed online at any Service Canada Centre.

Personal information of the plan holder is used to verify their identity in the Social Insurance Registry in order to identify the correct RDSP.

**Where to get more information about the Canada Disability Savings Grant and Canada Disability Savings Bond:**  
 Phone: 1 800 O Canada (1 800 622-6232); 1-800-926-9105 (TTY)  
 E-mail: [rdsp-reei@hrsdcc.gc.ca](mailto:rdsp-reei@hrsdcc.gc.ca) Internet: [www.disabilitysavings.gc.ca](http://www.disabilitysavings.gc.ca)

## ANNEX B – Primary Caregiver

### APPLICATION: **Canada Disability Savings Grant and/or Canada Disability Savings Bond**

Instructions:

1. Complete this annex if the beneficiary is 18 years of age or under at the time of the application or was 18 years or under during any part of the ten-year period (starting in 2008) prior to the application if the beneficiary was eligible for the Disability Tax Credit for any of those years.
2. A separate annex is to be completed for each primary caregiver.
3. The personal information of the primary caregiver from previous years is used to determine if the beneficiary is entitled to any grant or bond from those years. **All** primary caregivers for **each** of these years will need to complete an Annex B.
4. Read this document carefully. If you have any questions, do not hesitate to ask the Registered Disability Savings Plan (RDSP) issuer.
5. This form is valid only if completed, signed, dated and given to the RDSP issuer. **Do NOT send directly to Employment and Social Development Canada.**
6. Keep a copy for your records.

Beneficiary's Last Name	Beneficiary's First Name	Beneficiary's Middle Name	RDSP Contract No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### B-1 Information About the Primary Caregiver

Complete the following information if:

- you **are/were a primary caregiver** of the beneficiary; or
- you **are/were an agency** in the case where the beneficiary is/was a "child-in-care" and a payment under the *Children's Special Allowances Act* was made in at least one month in the calendar year **for any year that the beneficiary was 18 years or younger within the last ten years (starting in 2008).**

**Primary Caregiver**

You are a **primary caregiver** if you are/were the person eligible for the Canada Child Tax Benefit (CCTB) and whose name appears on the CCTB payments.

The name must be entered exactly as it appears on Social Insurance Number or Business Number documentation.

Last Name	First Name	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Agency	Name of Agency Representative
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

For more information please refer to B-4.

Social Insurance Number / Business Number (if an Agency)

### B-2 Declaration and Consent of the Primary Caregiver

Complete this section if you are an individual.

You must read this section and sign in order for the beneficiary's RDSP to receive grants and bonds.

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, the Government of Canada may not be able to pay the grant and/or bond to the issuer in respect of this RDSP.

I confirm that I have read, understood, and received a copy of this document, including the privacy rights found in Section B-4, and I consent to the use and sharing of my personal information as outlined.

Date (yyyy-mm-dd)	Primary Caregiver's Signature
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### B-3 Agency Attestation

Complete this section if you are the agency that received a payment was made under the *Child Special Allowances Act* in respect of the beneficiary in at least one month in the calendar year(s).

If applicable, this attestation must be completed in order for the beneficiary's RDSP to receive grants and bonds.

I confirm that the agency identified above was issued a payment under the *Child Special Allowances Act* in the current calendar year, or if applicable, I confirm that the agency identified above was issued a payment under the *Child Special Allowances Act* in the following previous calendar year(s):

<input style="width: 95%;" type="text"/>	
Date (yyyy-mm-dd)	Signature of Agency Representative
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### B-4 Your Privacy Rights

This section explains why your information is collected and how it is used, shared and protected. It also explains how you can access your personal information.

The Government of Canada needs to collect information on the primary caregiver for the years in which the beneficiary is 18 years of age or under in order to determine the amount of grant or bond. Your personal information is also used to verify your identity.

Information on the primary caregiver is used to determine the family income for a particular year, as well as to validate the beneficiary's residency and eligibility for the DTC. Family income is based on the second preceding tax year (for example, family income for determining 2014 bond entitlement is based on the 2012 tax year). Your personal information held by the Canada Revenue Agency is used to determine the family income as well as validate the beneficiary's Disability Tax Credit eligibility and the beneficiary's residency.

*The use of the singular (such as primary caregiver) also includes plural as the context requires.*

As the beneficiary may be eligible for unused grant and bond entitlements from the previous ten years (starting in 2008) the personal information of the primary caregiver is used to determine eligibility for any year in which the beneficiary was under 19 years of age. As noted above, the family income is based on the second preceding tax year and, as a result, the use and sharing of personal information may extend as far back as 2006.

**B-4** Your Privacy Rights (continued)

The information you provide on this form is collected under the authority of the *Canada Disability Savings Act* (CDSA) and the *Income Tax Act* (ITA) for the purposes of determining eligibility for a Canada Disability Savings Grant (grant) or Canada Disability Savings Bond (bond), (including for previous years in order to determine if there are any unused grant and/or bond entitlements from those years), to calculate amounts payable and to administer the grant and bond. Information may be shared with Employment and Social Development Canada (ESDC), the Canada Revenue Agency, and the issuer for the administration of the CDSA and the ITA. The Social Insurance Number (SIN) is collected under the authority of the CDSA and *Income Tax Act* and will be used as a file identifier and to ensure an individual's exact identification so that the beneficiary's eligibility for the Disability Tax Credit (DTC), residency and family income can be verified for the purposes of determining whether a grant or bond may be paid. While eligibility for the DTC may be verified, information contained within the Disability Tax Credit Certificate (i.e., the nature of the beneficiary's disability) will not be collected, used or disclosed.

Providing your personal information is voluntary. However, if you refuse to provide your personal information, ESDC will be unable to determine the amount of grant or bond in respect of the beneficiary.

The information you provide may also be used and/or disclosed by ESDC for policy analysis, research and/or evaluation purposes of RDSP, grant and/or bond administration and/or design. In order to conduct these activities, various sources of information under the custody and control of ESDC may be linked. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made, (such as a decision on the beneficiary's entitlement to a grant and/or bond).

Your personal information is administered in accordance with the *Canada Disability Savings Act*, the *Department of Human Resources and Skills Development Act*, the *Privacy Act*, the *Income Tax Act* and all other applicable laws. You have the right to access and request correction to, your personal information kept in Personal Information Bank "HRSDC PPU 038". Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at the following Web site address: [www.infosource.gc.ca](http://www.infosource.gc.ca). *Info Source* is also available electronically at any Service Canada Centre.

**B-5** Additional Information

These definitions are provided for your information only and do not constitute legal definitions.

In the event of a discrepancy, the legal definitions found in the *Canada Disability Savings Act*, and the *Income Tax Act* prevail.

**Family Income:** Family income is used to determine the amount of grant and bond a beneficiary is eligible for and is generally established from the information of the primary caregiver who received the first Canada Child Tax Benefit (CCTB) payment of the year (usually in January). There are circumstances where the information of the primary caregiver who is currently receiving the CCTB is used instead (if this is different from the primary caregiver who received the CCTB for January) – please identify both individuals if this applies. ESDC uses the family income that is most beneficial to the beneficiary to determine the amount of grant and bond.

**Primary Caregiver:** For the purpose of the grant and bond, the primary caregiver is/are the person(s) eligible for the Canada Child Tax Benefit (CCTB) and whose name appears on the CCTB payments. Alternately, it is the department, agency or institution that receives the allowance payable under the *Children's Special Allowances Act*. In cases of joint custody or a change in custody, there may be more than one primary caregiver for the year – please identify both individuals. In addition, there may be circumstances where the beneficiary was in the care of a department, agency, or institution for part of the year – please identify both the organization as well as the individual(s).

**Where to get more information about the Canada Disability Savings Grant and Canada Disability Savings Bond:**  
 Phone: 1 800 O Canada (1 800 622-6232); 1-800-926-9105 (TTY)  
 E-mail: [rdsp-reel@hrsdc-rhdcc.gc.ca](mailto:rdsp-reel@hrsdc-rhdcc.gc.ca) Internet: [www.disabilitysavings.gc.ca](http://www.disabilitysavings.gc.ca)