

## **Application For:**

## Canada Disability Savings Grant

### Canada Disability Savings Bond

Protected "B" When Completed - Personal Information Bank ESD PPU 038

# Part A: Plan Holder

#### Instructions:

- 1. Check the incentives you are applying for at the top of this form.
- 2. Read this document carefully. If you have any questions, do not hesitate to ask the Issuer.
- 3. This form is valid only if completed, signed, dated, and given to the Issuer. Do not send directly to ESDC.
- 4. Please print clearly. Keep a copy for your records.

Plan Holder 1			
	First Name (or Name of Agency and Name of		Telephone Number
Plan Holder 2	Address		Postal Code
(Complete in the case of joint applications. Attach additional pages in the case of a third Holder)	First Name	Last Name	Telephone Number
	Address		Postal Code
Beneficiary			
	First Name	Last Name	_
lssuer			
	Name		Telephone Number
	Address		Postal Code
	RDSP Contract Number		
<ul> <li>Explanation of Key Words*:</li> <li>Beneficiary - Individual who will receive money in the future to help ensure their financial security.</li> <li>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, the effects of which have been certified in writing by a medical practitioner and approved by the Canada Revenue Agency (CRA) for the purposes of section 118.3 of the <i>Income Tax Act</i>.</li> <li>Issuer - Financial organization authorized to offer the RDSP to the public and that will open an RDSP for the Holder and that invests, administers and distributes the money in the RDSP for the Beneficiary.</li> <li>Holder - An Individual, Agency, Department or Institution that opens an RDSP, names one Beneficiary and may deposit money (contributions) for the Beneficiary into the RDSP.</li> </ul>		Your Privacy Rights Employment and Social Development Canada protects the confidentiality of your personal information. We cannot give your personal information to any person or organization without your written consent, except where authorized by legislation. The <i>Privacy</i> <i>Act</i> gives you (or your authorized representative) the right to access or request correction to your personal information kept in your government file. Personal information and other information included in this form will be kept in Personal Information Bank "HRSDC PPU 038" of Employment and Social Development Canada. Instructions for obtaining a copy of your personal information are available in <i>Info Source</i> . You can get a printed copy of <i>Info Source</i> at Service Canada Centres or by calling 1-800-O-Canada (1-800- 622-6232). You may also view the information electronically on the Internet at infosource.gc.ca.	
*Note: These explanations are pro In the event of a discrepancy, the I Canada Disability Savings Act and	egal definitions found in the		

 Where to get more information about the Canada

 Disability Savings Program:

 Phone:
 1-800-O-Canada (1-800-622-6232)

 1-800-926-9105 (TTY)

 Fmail:
 rdag sci@cada cada cada

# Findle: 1-600-0-Callada (1-600-622-6232) 1-800-926-9105 (TTY) E-mail: rdsp-reei@esdc-edsc.gc.ca Internet: disabilitysavings.gc.ca





# Part A: Plan Holder (continued)

#### **Notice**

Not more than \$70,000 in Canada Disability Savings Grants and \$20,000 in Canada Disability Savings Bonds may be paid in respect of a Beneficiary during their lifetime.

#### **Conditions**

- 1. In order for the Canada Disability Savings Grant to be paid, the Beneficiary must be less than 49 years of age at the end of the year preceding the year in which a contribution was made, eligible to receive the Disability Tax Credit and resident in Canada at the time of each contribution to the Registered Disability Savings Plan.
- 2. In order for a Canada Disability Savings Bond to be paid, the Beneficiary must be less than 49 years of age at the end of the year preceding the year for which the Bond is payable, the Beneficiary must be eligible for the Disability Tax Credit for the year for which the Bond is requested and resident in Canada immediately before a Canada Disability Savings Bond payment is made.
- 3. A Canada Disability Savings Grant may be paid into the Registered Disability Savings Plan of the Beneficiary where the total of the contribution and all other contributions made to a Registered Disability Savings Plan of the Beneficiary does not exceed \$200,000.

#### Sharing of your Personal Information

I Understand that :

- The authority of the Government of Canada to collect, use, and share personal information and other information included on this form for the purposes described below is provided under the *Canada Disability Savings Act*, the *Department of Social Development Act* and the *Income Tax Act*. Once under the control of Employment and Social Development Canada, that information is administered in accordance with all applicable laws including the *Canada Disability Savings Act*, the *Privacy Act* and the *Department of Social Development Act*. Once under the control of the Canada Revenue Agency, that information is administered in accordance with all applicable laws including the *Privacy Act* and the *Income Tax Act*.
- The information included on this form and the information respecting the Registered Disability Savings Plan may be used by and shared between Human Resources and Skills Development Canada, the Canada Revenue Agency, and the Issuer for the administration (which may include policy analysis, research and evaluation) of the Canada Disability Savings Act and the Income Tax Act.
- 3. This application for the Canada Disability Savings Grant will be resubmitted by the Issuer at the time of each contribution. The application for the Canada Disability Savings Bond will be automatically resubmitted in Employment and Social Development Canada electronic system every year. In both cases, the Holder will not be required to re-apply for these incentives at the time of each contribution (in the case of the Grant) or each year (in the case of the Bond) unless any of the information in the application form changes. However, should the Holder ever wish to discontinue payments of the Canada Disability Savings Grant and/or Canada Disability Savings Bond into the Registered Disability Savings Plan, 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 and signed and given to the Issuer, indicating that the Holder requests payments to cease.

#### Declaration and consent of the holder

I authorize the Issuer to apply for the incentives I have indicated on the previous page in respect of the Beneficiary. I confirm that the Beneficiary meets the residency requirements set out above and agree to inform the Issuer if, at any time, there is a change in the Beneficiary's circumstances.

Plan Holder		
	I consent to the use and sharing of my personal information as mentioned above.	
Joint Holder (if appli	cable)	
Yes	I consent to the use and sharing of my personal information as mentioned above.	
No		
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, Employment and Social Development Canada cannot pay the Canada Disability Savings Grant and/or Canada Disability Savings Bond to the Issuer in respect of the Beneficiary's Registered Disability Savings Plan.		
<b>NOTE:</b> In the case of a third holder, please attach a statement indicating that the third holder understands and consents to the above.		

Holder's Signature

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

Joint Holder's Signature (if applicable)





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# Part B: Current Eligible Individual

#### Instructions :

- 1. This section should be completed and signed by the individual who is receiving the Canada Child Tax Benefit at the time of the contribution or at the time of the request for the Canada Disability Savings Bond; or the Department, Agency or Institution that receives the allowance payable under the *Children's Special Allowances Act*.
- 2. Read this document carefully. If you have any questions, do not hesitate to ask the Issuer.
- 3. This form is valid only if completed, signed, dated, and given to the Issuer. Do not send directly to ESDC
- 4. Please print clearly. Keep a copy for your records.

Current Eligible			
Individual	First name	Last Name	Social insurance number
	(or Name of Agency and Name of Representative) (or business number)		
	Address		Postal Code
	Telephone number	-	
Beneficiary			
	First name	Last name	Social Insurance Number
	Address		Postal code
	Beneficiary (DD/MM/YYYY)	Gender (F / M)	Telephone Number
Issuer			
	Name		Telephone Number
	Address		Postal code
	RDSP Contract Number		
Explanation of Key Words*:		Your Privacy Rights	
Beneficiary - Individual who will receive money in the future to help ensure their financial security. <b>Disability Tax Credit (DTC)</b> - 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, the effects of which have been certified in writing by a medical practitioner and approved by CRA for the purposes of section 118.3 of the <i>Income Tax Act</i> . <b>Current Eligible Individual</b> - Individual who is eligible for the Canada Child Tax Benefit (CCTB) and whose name appears on the CCTB payment for the month in which the contribution is made or at the time of the request for the Canada Disability Savings Bond; or the Department, Agency or Institution that receives the allowance payable under the <i>Children's Special Allowances Act</i> . <b>Issuer</b> - Financial organization authorized to offer the RDSP to the public and that will open an RDSP for the Holder and that invests, administers and distributes the money in the RDSP for the Beneficiary. <b>Holder</b> - An Individual, Agency, Department or Institution that opens an RDSP, names one Beneficiary and may deposit money (contributions) for		Employment and Social Development Canada protects the confidentiality of your personal information. We cannot give your personal information to any person or organization without your written consent, except where authorized b legislation. The <i>Privacy Act</i> gives you (or your authorized representative) the right to access or request correction to your personal information kept in your government file. Personal information and other information included in this form will be kept in Personal Information Bank "ESDC PPU 038" of Employmen and Social Development Canada. Instructions for obtaining a copy of your personal information are available in <i>Info Source</i> . You can get a printed copy of <i>Info Source</i> at Service Canada Centres or by calling 1-800-O-Canada (1-800-622-6232). You may also view the information electronically on the Internet at; <b>infosource.gc.ca</b> Where to get more information about the Canada Disability	
he Beneficiary into the RDSP.		Savings Program	n:
* <b>Note</b> :These explanations are provided for your information only. In the event of a discrepancy, the legal definitions found in the <i>Canada Disability Savings Act</i> and the <i>Income Tax Act</i> shall prevail.		Phone: E-mail: Internet:	1-800-O-Canada (1-800-622-6232) 1-800-926-9105 (TTY) rdsp-reei@esdc-edsc.gc.ca disabilitysavings.gc.ca

Canada



# Part B: Current Eligible Individual (continued)

Notice

The information collected on this section of the application form may be used to verify the Beneficiary's residency, and his/her family income for the purposes of determining whether a Canada Disability Savings Grant or Canada Disability Savings Bond may be paid. While information collected may also be used to verify the Beneficiary's eligibility for the Disability Tax Credit, information contained within the Disability Tax Credit Certificate (i.e., the nature of the Beneficiary's disability) will not be collected, used, or disclosed.

#### **Sharing of your Personal Information**

I understand that:

- The authority of the Government of Canada to collect, use, and share personal information and other information included on this form for the purposes described below is provided under the *Canada Disability Savings Act*, the *Department of Social Development Act* and the *Income Tax Act*. Once under the control of Employment and Social Development Canada, that information is administered in accordance with all applicable laws including the *Canada Disability Savings Act*, the *Privacy Act* and the *Department of Social Development Act*. Once under the control of the Canada Revenue Agency, that information is administered in accordance with all applicable laws including the *Privacy Act* and the *Income Tax Act*.
- The information included on this form and the information respecting the Registered Disability Savings Plan may be used by and shared between Human Resources and Skills Development Canada, the Canada Revenue Agency, and the Issuer for the administration (which may include policy analysis, research and evaluation) of the Canada Disability Savings Act and the Income Tax Act.
- 3. This application for the Canada Disability Savings Grant will be resubmitted by the Issuer at the time of each contribution. The application for the Canada Disability Savings Bond will be automatically resubmitted in Employment and Social Development Canada electronic system every year. In both cases, the Holder will not be required to re-apply for these incentives at the time of each contribution (in the case of the Grant) or each year (in the case of the Bond) unless any of the information in the application form changes. However, should the Holder ever wish to discontinue payments of the Canada Disability Savings Bond into the Registered Disability Savings Plan, 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 and signed and given to the Issuer, indicating that the Holder requests payments to cease.

#### Declaration and Consent of the Current Eligible Individual

I confirm that I am the Current Eligible Individual. I confirm that the Beneficiary meets the residency requirements set out above and agree to inform the Issuer if, at any time, there is a change in the Beneficiary's circumstances.

Yes

I consent to the use and sharing of my personal information, and the personal information of the Beneficiary as mentioned above.

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, Employment and Social Development Canada cannot pay the Canada Disability Savings Grant and/or Canada Disability Savings Bond to the Issuer in respect of the Beneficiary's Registered Disability Savings Plan.

Signature of the Current Eligible Individual

Date (DD/MM/YYYY)

Canada



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# Part C: January Eligible Individual

#### Instructions :

- 1. This section should be completed and signed by the individual who receives the first Canada Child Tax Benefit for the Beneficiary in the calendar year for which the Canada Disability Savings Grant and/or the Canada Disability Savings Bond is requested; or the Department, Agency or Institution that receives the allowance payable under the *Children's Special Allowances Act*).
- 2. Read this document carefully. If you have any questions, do not hesitate to ask the Issuer.
- 3. This form is valid only if completed, signed, dated, and given to the Issuer. Do not send directly to ESDC
- 4. Please print clearly. Keep a copy for your records.

January - Eligible				
Individual	First name (or Name of Agency and Nar	First name Last Name (or Name of Agency and Name of Representative)		
	Address		Postal Code	
	Telephone Number	Telephone Number		
Beneficiary				
	First Name	Last Name		
Issuer				
	Name		Telephone Number	
	Address		Postal code	
	RDSP Contract Number			
xplanation of Key Word		Your Privacy Rights		
nsure their financial security. <b>Disability Tax Credit (DTC</b> dividuals who, in a given taxe rolonged impairments in phys ave been certified in writing b tRA for the purposes of sectio <b>Current Eligible Individua</b> thild Tax Benefit (CCTB) and ayment for the month in which her equest for the Canada Dis gency or Institution that recei thildren's Special Allowances <b>Ssuer</b> - Financial organization nd that will open an RDSP for nd distributes the money in the <b>Iolder</b> - An Individual, Agence	on authorized to offer the RDSP to the public r the Holder and that invests, administers ne RDSP for the Beneficiary. cy, Department or Institution that opens an r and may deposit money (contributions) for	your personal information. We person or organization withou legislation. The <i>Privacy Act</i> g right to access or request corr government file. Personal I form will be kept in Personal I Employment and Social Deve of your personal information a copy of <i>Info Source</i> at Service 1-800-O-Canada (1-800-622- electronically on the Internet a	elopment Canada protects the confidentiality of e cannot give your personal information to any ut your written consent, except where authorized jives you (or your authorized representative) the rection to your personal information kept in your ormation and other information included in this Information Bank "HRSDC PPU 038" of elopment Canada. Instructions for obtaining a cop are available in <i>Info Source</i> . You can get a printe e Canada Centres or by calling -6232). You may also view the information at; infosource.gc.ca	
<b>Note:</b> These explanations are provided for your information only. In the vent of a discrepancy, the legal definitions found in the <i>Canada Disability avings Act</i> and the <i>Income Tax Act</i> shall prevail.		Savings Program	m: 1-800-O-Canada (1-800-622-6232)	
		E-mail: Internet:	1-800-926-9105 (TTY) rdsp-reei@esdc-edsc.gc.ca disabilitysavings.gc.ca	



# Part C: January Eligible Individual (continued)

#### Notice

In keeping with the *Canada Disability Savings Act*, the information collected on this section of the application form may be used to calculate the Beneficiary's family income. The family income is used to determine the rate of Canada Disability Savings Grant and/or the amount of Canada Disability Savings Bond payable to the Beneficiary's Registered Disability Savings Plan.

The information collected in this section of the application form may be used to verify the Beneficiary's residency and his/ her family income for the purposes of determining whether a Canada Disability Savings Grant or Canada Disability Savings Bond may be paid. While information collected may also be used to verify the Beneficiary's eligibility for the Disability Tax Credit, information contained within the Disability Tax Credit Certificate (i.e., the nature of the Beneficiary's disability) **will not** be collected, used, or disclosed.

#### **Sharing of your Personal Information**

I understand that:

- The authority of the Government of Canada to collect, use, and share personal information and other information included on this form for the purposes described below is provided under the *Canada Disability Savings Act*, the *Department of Social Development Act* and the *Income Tax Act*. Once under the control of Employment and Social Development Canada, that information is administered in accordance with all applicable laws including the *Canada Disability Savings Act*, the *Privacy Act* and the *Department of Social Development Act*. Once under the control of the Canada Revenue Agency, that information is administered in accordance with all applicable laws including the *Privacy Act* and the *Income Tax Act*.
- 2. The information included on this form and the information respecting the Registered Disability Savings Plan may be used by and shared between Human Resources and Skills Development Canada, the Canada Revenue Agency, and the Issuer for the administration (which may include policy analysis, research and evaluation) of the Canada Disability Savings Act and the Income Tax Act.
- 3. This application for the Canada Disability Savings Grant will be resubmitted by the Issuer at the time of each contribution. The application for the Canada Disability Savings Bond will be automatically resubmitted in Employment and Social Development Canada electronic system every year. In both cases, the Holder will not be required to re-apply for these incentives at the time of each contribution (in the case of the Grant) or each year (in the case of the Bond) unless any of the information in the application form changes. However, should the Holder ever wish to discontinue payments of the Canada Disability Savings Grant and/or Canada Disability Savings Bond into the Registered Disability Savings Plan, 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 and signed and given to the Issuer, indicating that the Holder requests payments to cease.

#### Declaration and Consent of the January - Eligible Individual

I confirm that I am the January - Eligible Individual of the Beneficiary.

Yes	I consent to the use and sharing of my personal information as mentioned above.		
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, Employment and Social Development Canada cannot pay the Canada Disability Savings Grant and/or Canada Disability Savings Bond to the Issuer in respect of the Beneficiary's Registered Disability Savings Plan.			

Signature of the January - Eligible Individual

Date (DD/MM/YYYY)

Canada