



Application for the Canada Disability Savings Grant and/or Canada Disability Savings Bond For Beneficiaries Aged 18 or Over

Application For:

- Canada Disability Savings Grant
Canada Disability Savings Bond

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

Handwritten notes: For 2009, check both if person only gets PWD income or income is \$37885 or less per year otherwise only check 'grant'

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 HRSDC.
4. Please print clearly. Keep a copy for your records.

Plan Holder 1

Tom Harry 604-123-4567
First Name Last Name Telephone Number
(or Name of Agency and Name of Representative)

1234 Broadway, Vancouver, BC, V3N 1C2
Address Postal Code

Plan Holder 2

(Complete in the case of joint holders. Attach additional pages in the case of a third Holder)

Tina Harry 604-123-4567
First Name Last Name Telephone Number

1234 Broadway, Vancouver, BC, V3N 1C2
Address Postal Code

Beneficiary

Todd Harry
First Name Last Name

Issuer

Bank of Montreal 604-234-5678
Name Telephone Number

1234 Georgia St., Vancouver, V4Z 1G2
Address Postal Code

RDSP Contract Number (to be filled by bank)

Explanation of Key Words:

Beneficiary - Individual who will receive money in the future to help ensure their financial security.
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...
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.
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.

\*Note: These explanations are provided for your information only. In the event of a discrepancy, the legal definitions found in the Canada Disability Savings Act and the Income Tax Act shall prevail.

Your Privacy Rights

Human Resources and Skills Development Canada (also known as Human Resources 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 Privacy Act 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 Human Resources and Skills Development Canada. Instructions for obtaining a copy of your personal information are available in Info Source. You can get a printed copy of Info Source 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 www.infosource.gc.ca.

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)
E-mail: rdsp-reen@hrsd-rhdsc.gc.ca
Internet: www.hrsdc-rhdsc.gc.ca



Ce formulaire est disponible en français
This form is available in alternate formats
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Application for the Canada Disability Savings Grant and/or Canada Disability Savings Bond For Beneficiaries Aged 18 or Over

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...
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...
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:

- 1. 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...
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...
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 Human Resources and Skills Development Canada's electronic system every year.

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 agree to inform the Issuer if, at any time, there is a change in the Beneficiary's circumstances.

Plan Holder

[X] Yes

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

[ ] No

Joint Holder (if applicable)

[X] Yes

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

[ ] No

Handwritten note: must be yes or no grants + bonds given

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, Human Resources and Skills 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.

NOTE: 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) 01/01/09

Joint Holder's Signature (if applicable)

Date (DD/MM/YYYY) 01/01/09





**Application for the Canada Disability Savings Grant and/or Canada Disability Savings Bond  
For Beneficiaries Aged 18 or Over**

Protected "B" When Completed – Personal Information Bank HRSDC PPU 038

**Part B: Beneficiary Aged 18 or over, or Legal Representative**

Instructions:

1. This section should be completed and signed by beneficiaries over the age of 18 or their legal representative. See below for definitions of these terms.
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 HRSDC.**
4. Please print clearly. Keep a copy for your records.

**Beneficiary**

First Name: Todd Last Name: Harry Social Insurance Number: 

1	2	3	4	5	6	7	8	9
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Address: 1234 Broadway, Vancouver, BC, V3N1C2 Postal Code: V3N1C2

Date of Birth: 01/01/1990 Gender: ♂ Telephone Number: 604-123-4567

**Legal Representative (if applicable)**

First Name: Tom Last Name: Harry

Address: 1234 Broadway, Vancouver, BC, V3N1C2 Postal Code: V3N1C2

Telephone Number: 604-123-4567

**Issuer**

Name: Bank of Montreal Telephone Number: 604 234-5678

Address: 1234 Georgia St, Vancouver, V4Z 1G2 Postal Code: V4Z 1G2

RDSP Contract Number: \_\_\_\_\_ ← (To be filled by bank)

**Explanation of Key Words\*:**

**Beneficiary** – Individual who will receive money in the future to help ensure their financial security.

**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 CRA for the purposes of section 118.3 of the *Income Tax Act*.

**Legal Representative** – persons administering, winding up, controlling or otherwise dealing in a representative or fiduciary capacity with the property that belongs or belonged to, or that is or was held for the benefit of the Beneficiary.

**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.

**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.

\*Note: These explanations are provided for your information only. In the event of a discrepancy, the legal definitions found in the *Canada Disability Savings Act* and the *Income Tax Act* shall prevail.

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Personal information and other information included in this form will be kept in Personal Information Bank "HRSDC PPU 038" of Human Resources and Skills Development Canada. Instructions for obtaining a copy of your personal information are available in *Info Source*. You can get a printed copy of *Info Source* 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 [www.infosource.gc.ca](http://www.infosource.gc.ca)

**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)

**E-mail:** [rdsp-reei@hrsd-rhdsc.gc.ca](mailto:rdsp-reei@hrsd-rhdsc.gc.ca)

**Internet:** [www.hrsdc-rhdsc.gc.ca](http://www.hrsdc-rhdsc.gc.ca)





**Application for the Canada Disability Savings Grant and/or Canada Disability Savings Bond  
For Beneficiaries Aged 18 or Over  
Part B: Beneficiary Aged 18 or over, or Legal Representative  
(continued)**

**Notice**

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:

1. 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 Social Development Act* and the *Income Tax Act*. Once under the control of Human Resources and Skills 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 Human Resources and Skills Development Canada's 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 provided above 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 Beneficiary Aged 18 or over, or Legal Representative**

I confirm that I am the Beneficiary aged 18 or over, or the legal representative 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 residency status.

Yes

I consent to the use and sharing of my personal information (or the personal information of the Beneficiary) 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, Human Resources and Skills 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 Beneficiary aged 18 or older,  
or legal representative

Date (DD/MM/YYYY)

01/01/09