Registered Disability Savings Plan (RDSP) Transfer

Instructions:

1. The relinquishing issuer and the receiving issuer must complete this form to transfer the assets of an RDSP.

2. The information in this form is necessary to ensure that the receiving issuer is able to determine withdrawal limitations and requirements as well as the taxable amount of any payments made. Employment and Social Development Canada will provide all historical transactional information in its holdings to the receiving issuer with the new plan once the relinquishing plan is closed.

3. This form is valid only if completed, signed, dated and given to the receiving issuer. **Do NOT send directly to Employment and Social Development Canada.**

Receiving Issuer

4. This form should originate from the receiving issuer, who will keep the signed original of this form and a copy of the Holder Consent.

5. The receiving issuer will need to have an *Application for Canada Disability Savings Grant and/or Canada Disability Savings Bond* completed in order for the receiving plan to continue to receive grant and/or bond.

Relinquishing Issuer

6. The relinquishing issuer will keep the signed original of the Holder Consent and a copy of this form.

Plan Holder of Relinquishing Plan

7. The plan holder of the relinquishing plan must complete the *Holder Consent to a Registered Disability Savings Plan (RDSP) Transfer* (Holder Consent) form to provide their consent to the transfer.

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1   Information About the Beneficiary

Beneficiary

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

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's Last Name	Beneficiary's First Name	Beneficiary's Middle Name

Beneficiary's Social Insurance Number	

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2   Information About the Holder

Holder

You are the **Holder** if you opened the RDSP

OR

you are the agency in the case where the beneficiary is a "**child in care**" or an adult under "**provincial guardianship**"

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 attach additional pages.

Holder's Last Name	Holder's First Name	Holder's Middle Name
Name of Agency (if applicable)	Name of Agency representative (if applicable)	

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3   Information About the Receiving Issuer

Receiving RDSP

The **receiving RDSP** is the plan that the assets are being transferred **into**.

This section is to be completed by the receiving Issuer.

Receiving Issuer's Name	Management company code : MRD
Mackenzie Financial Corporation as agent for B2B Trustco	

Address	Postal Code
180 Queen Street West, Toronto, Ontario	M5V 3K1

Receiving RDSP Contract No. (as assigned by Receiving Issuer)	Receiving Specimen Plan No. (as assigned by CRA)	Date Contract Opened (yyyy-mm-dd)
	RDSP 2417001	

I certify that the receiving Issuer:
- Complies with the current conditions for registration as set out in the *Income Tax Act*, and
- Has signed an Issuer Agreement with ESDC to administer the RDSP, grant and bond.

Date (yyyy-mm-dd)	Signature of Authorized Representative of Receiving Issuer
	[signature]
	Name of Authorized Representative of Receiving Issuer
	Mackenzie Financial Corporation

Contact Information	Telephone	Facsimile	Email
	1-800-387-0614	1-866-766-6623	service@mackenzieinvestments.com

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4	Information About the Relinquishing Issuer

Relinquishing RDSP

The **relinquishing RDSP** is the plan that the assets are being transferred **from**.

This section to be completed by the relinquishing Issuer

Relinquishing Issuer's Name

Address	Postal Code

Relinquishing RDSP Contract No. (as assigned by Relinquishing Issuer)	Relinquishing Specimen Plan No. (as assigned by CRA)	Date Contract Opened (yyyy-mm-dd)

5	Notional Balances of the Relinquishing RDSP

Notional Balances

This section identifies the amounts being transferred as well *as* the **book value** and the **fair market value** of those amounts.

Notional balances as at the opening of business of the current calendar year are used to determine maximum Disability Assistance Payments.

Providing totals of **all** contributions made and Canada Disability Savings grant and bond paid as at the closing of business of the prior calendar year is used to determine if an RDSP is a "**primarily government assisted plan**". It provides information that the receiving Issuer will use to calculate the amount of any payments that must be made in the year of the transfer.

Reminder:
Have all pending grant and bond applications been received?

Have all pre-authorized contributions or payments been stopped?

This section to be completed by the relinquishing Issuer

Balances as of (yyyy-mm-dd)	Fair Market Value being transferred

Contributions

Non-Taxable	Taxable	
Private Contributions	**Reports**	**Other**
$	$	$

Canada Disability Savings Grant	Canada Disability Saving Bond
$	$

Balances as at opening of business on January 1 of the current calendar year

Fair Market Value[1]	$
Annuity contracts[2]	$

Totals as at closing of business on December 31 of the prior calendar year

All monies paid under the *Canada Disability Saving Act*	$
All contributions made to the RDSP	$

Please indicate if the following payment(s) have been made from the RDSP

☐ Disability Assistance Payments	☐ Lifetime Disability Assistance Payments

For all DAPs/LDAPs processed prior to the current calendar year:

Non-taxable portion	Taxable portion
$	$

For all DAPs/LDAPs processed this calendar year:

Non-taxable portion	Taxable portion
$	$

1. I certify that the Holder(s) of the relinquishing RDSP have provided his/her/their consent to transfer the assets from the relinquishing RDSP contract.
2. I certify that the relinquishing Issuer will transfer amounts described above, and the information given on this form is, to the best of my knowledge, complete and accurate.
3. The assets will be transferred in cash ☐ , in kind ☐ .

Date (yyyy-mm-dd)	Signature of Authorized Representative of Relinquishing Issuer
	Name of Authorized Representative of Relinquishing Issuer
Contact information	

Telephone	Facsimile	Email

(1) The amount of variable A of the LDAP formula as described in 146.4(4)(l) of the *Income Tax Act*
(2) The amount of variable D of the LDAP formula as described in 146.4(4)(l) of the *Income Tax Act*