



## Registered Disability Savings Plan (RDSP) Transfer

### Instructions:

1. This form is to be used to transfer the assets of a Registered Disability Savings Plan (RDSP) from one issuer to another.
2. The relinquishing issuer and the receiving issuer must complete this form to process the transfer of RDSP assets.
3. The information in this form is necessary to allow for the receiving issuer 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.
4. This form is valid only if completed, signed (or consent is provided to the issuer in an accepted manner), dated and given to the receiving issuer. **Do NOT send directly to Employment and Social Development Canada.**

### Receiving Issuer

5. This form should originate from the receiving issuer, and the completed original of this form along with a copy of the Holder Consent should be kept.
6. The receiving issuer is the issuer who will receive the transferred assets (in cash and/or kind) from the relinquishing issuer, and 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

7. The relinquishing issuer is the issuer who will send the transferred assets (in cash and/or in kind) to the receiving issuer, and the completed original of the Holder Consent and a copy of this form should be kept.

### Plan Holder of Relinquishing Plan

8. 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.

## 1 Information about the Beneficiary

### Beneficiary

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

Complete the following section about the RDSP beneficiary.

- 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 (999 999 999) |                          |                           |

## 2 Information about the Holder

### Holder

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

OR

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

Complete this section 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) |

## 3 Information about the Receiving Issuer

### Receiving RDSP

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

An RDSP contract number contains fifteen alphanumeric characters.

This section is to be completed by the receiving issuer.

|                                                                  |                                                     |                                      |
|------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------|
| Receiving Issuer's Name                                          |                                                     |                                      |
| Address                                                          |                                                     | Postal Code                          |
| Receiving RDSP Contract No.<br>(as assigned by Receiving Issuer) | Receiving Specimen Plan No.<br>(as assigned by CRA) | Date Contract Opened<br>(YYYY-MM-DD) |

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 grant and bond.

|                     |                                                            |           |
|---------------------|------------------------------------------------------------|-----------|
| Date (YYYY-MM-DD)   | Signature of Authorized Representative of Receiving Issuer |           |
|                     | Name of Authorized Representative of Receiving Issuer      |           |
| Contact Information | Telephone                                                  | Facsimile |
|                     |                                                            | Email     |

Ce formulaire est disponible en français  
This form is available in alternate formats

**4****Information about the Relinquishing Issuer****Relinquishing RDSP**

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

This section is to be completed by the relinquishing issuer.

|                                                                          |                                                         |                                      |
|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------|
| Relinquishing Issuer's Name                                              |                                                         |                                      |
| Address                                                                  |                                                         | Postal Code                          |
| Relinquishing RDSP Contract No.<br>(as assigned by Relinquishing Issuer) | Relinquishing Specimen Plan No.<br>(as assigned by CRA) | Date Contract Opened<br>(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.

This section is to be completed by the relinquishing issuer

|                             |                                     |
|-----------------------------|-------------------------------------|
| Balances as of (YYYY-MM-DD) | Fair Market Value being transferred |
|-----------------------------|-------------------------------------|

| Contributions                     |                                                       |                                                                     |
|-----------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|
| Non-Taxable Private Contributions | Taxable Reports (all rollovers ever made to the RDSP) | Taxable Other (all provincial incentives ever provided to the RDSP) |
| \$                                | \$                                                    | \$                                                                  |

| 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 <sup>(1)</sup> | \$ |
| Annuity contracts <sup>(2)</sup> | \$ |

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

|                                                                                                                                                                                                                               |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| All monies paid under the Canada Disability Saving Act (all grants and bonds paid into any RDSP for the designated beneficiary, regardless of whether such amounts have later been withdrawn as part of a repayment or a DAP) | \$ |
| All contributions made to the RDSP (all contributions, rollovers and provincial payments paid into any RDSP for the designated beneficiary, regardless of any withdrawals)                                                    | \$ |

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

|                                                               |                                                                         |
|---------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Disability Assistance Payments (DAP) | <input type="checkbox"/> Lifetime Disability Assistance Payments (LDAP) |
|---------------------------------------------------------------|-------------------------------------------------------------------------|

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

| Non-taxable portion | Taxable portion |
|---------------------|-----------------|
| \$                  | \$              |

**Reminder:**

Have all pending grant and bond applications been received?

Have all pre-authorized contributions or payments been stopped?

**For all DAPs/LDAPs processed this calendar year:**

| Non-taxable portion | Taxable portion |
|---------------------|-----------------|
| \$                  | \$              |

(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

**6****Privacy****Privacy**

The personal information provided on this form is collected under the authority of the *Department of Employment and Social Development Act* (DESDA), the *Canada Disability Savings Act* (CDSA), and the *Income Tax Act* (ITA) for the administration of federal disability savings incentives. This information is necessary to allow for the receiving issuer to determine withdrawal limitations and requirements as well as the taxable amount of any payments made.

The personal information provided may be used by and shared between the following parties for the administration of the CDSA and the ITA, Employment and Social Development Canada (ESDC), the Canada Revenue Agency, the issuer, and between issuers when transferring RDSP assets.

Your personal information is administered in accordance with the CDSA, the DESDA, the *Privacy Act*, the ITA and all other applicable laws. You have the right to access or request correction to your personal information, which is described 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. You have the right to file a complaint with the Privacy Commissioner of Canada if you have concerns about the handling of your personal information.

**7****Certification****Certification**

1. I certify that the Holder(s) of the relinquishing RDSP have provided their consent to transfer the assets from the relinquishing RDSP contract.
2. I certify that the relinquishing issuer will transfer amounts specified above.
3. I certify that to the best of my knowledge, the information on this form is accurate and complete.

The assets will be transferred in cash ☐ and/or in kind ☐

Contact information

|                   |           |                                                                |  |
|-------------------|-----------|----------------------------------------------------------------|--|
| Date (YYYY-MM-DD) |           | Signature of Authorized Representative of Relinquishing Issuer |  |
|                   |           | Name of Authorized Representative of Relinquishing Issuer      |  |
| Telephone         | Facsimile | Email                                                          |  |
|                   |           |                                                                |  |

**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)  
 Email: [rdsp-reei@hrsdcc.gc.ca](mailto:rdsp-reei@hrsdcc.gc.ca) Internet: [www.canada.ca/rdsp](http://www.canada.ca/rdsp)

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