

REGISTERED DISABILITY SAVINGS PLAN (RDSP) TRANSFER FORM

ESDC FORM EMP5611

ATTENTION: IMPORTANT INFORMATION ABOUT REGISTERED DISABILITY SAVINGS PLAN (RDSP) TRANSFER

Use this form in conjunction with Form 2016 (BMO Disability Savings Plan (Advisor)) **and** Form EMP5612 (Holder Consent to a Registered Disability Savings Plan (RDSP) Transfer) attached to this form to transfer-in a RDSP from another Financial Institution.

Complete Part 1, 2 and 3 of this form with the Plan Holder (Accountholder) who is requesting this transfer into the receiving plan.

Do not complete Part 4 and 5 as it must be completed by the other Financial Institution where the transfer is coming from.

The Financial Advisor must review Form EMP5612 Holder Consent to a Registered Disability Saving Plan (RDSP) Transfer and ensure all required information and the signature(s) of the Plan Holder(s) are present.

Send both completed Form 2016 **and** Form 2021 to BMO in order to facilitate the transfer of the RDSP from the relinquishing financial institution. BMO will sign as an "Authorized Representative of the Receiving Issuer" in Part 3 and submit Form 2021 to the relinquishing financial institution.

BMO RDSP Contract Number (RDSP account number)

Examples: 12345678, 5812345

Reminder:

- Notify client that an administrative, transfer, or other fee may be applied by the relinquishing institution and that the amount and type of any such fees should be confirmed with that institution.
- If there are more than two Plan Holders (Accountholders) for the BMO RDSP account, complete Form 2021 (Forms EMP5611 and EMP5612) with the additional Plan Holder (Accountholder)'s information and signature.

IMPORTANT:

- For RRSP/RRIF/RPP rollovers to RDSP account under Paragraph 60(m) use CRA **Form RC4625 (Rollover to a Registered Disability Savings Plan (RDSP))**.
- For RESP to RDSP rollovers use **Form 2048 (RC435) Rollover from a Registered Education Savings Plan (RESP) to a Registered Disability Savings Plan (RDSP)**.

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.

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. <ul style="list-style-type: none"> 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		
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. <ul style="list-style-type: none"> 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 .	This section is to be completed by the receiving Issuer.		
	Receiving Issuer's Name		
	Address 30 Adelaide Street East, Suite 1, Toronto, ON.		Postal Code M5C 3G9
	Receiving RDSP Contract No. (as assigned by Receiving Issuer)	Receiving Specimen Plan No. (as assigned by CRA) 2527002	Date Contract Opened (yyyy-mm-dd)
	I certify that the receiving Issuer: <ul style="list-style-type: none"> Complies with the current conditions for registration as set out in the <i>Income Tax Act</i>, 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	
Name of Authorized Representative of Receiving Issuer			
Contact Information	Telephone 1-800-668-7327	Facsimile 1-800-200-2497	Email client.services.mutualfunds@bmo.com

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.

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 <i>Canada Disability Saving Act</i>	\$
	All contributions made to the RDSP	\$
Please indicate if the following payment(s) have been made from the RDSP		
<input type="checkbox"/> Disability Assistance Payments		<input type="checkbox"/> 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
\$	\$	

Reminder:
 Have all pending grant and bond applications been received?
 Have all pre-authorized contributions or payments been stopped?

- 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.
- 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.
- The assets will be transferred in cash , in kind .

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

HOLDER CONSENT TO A REGISTERED DISABILITY SAVINGS PLAN (RDSP) TRANSFER FORM

ESDC FORM EMP5612

ATTENTION: IMPORTANT INFORMATION ABOUT REGISTERED DISABILITY SAVINGS PLAN (RDSP) TRANSFER

All Plan Holder(s) (Accountholder(s)) of the relinquishing RDSP plan **must** sign this Consent Form EMP5612.

1. This form must be completed and signed by the Plan Holder(s) (Accountholder(s)) of the relinquishing plan in order to authorize the transfer of assets to the receiving plan. It forms part of the Registered Disability Savings Plan (RDSP) Transfer form.
2. The relinquishing issuer will keep the signed original of this form and a copy of the Transfer form.
3. The receiving issuer will retain the signed original transfer form and a copy of this form.
4. Issuers should attach their copy of this Holder Consent form to their copy of the Transfer Form.
5. Read this document carefully. If the Plan Holder(s) (Accountholder(s)) have any questions, do not hesitate to ask the relinquishing issuer where the RDSP is coming from.
6. This form is valid only if completed, signed, dated and given to the relinquishing issuer. **Do NOT send directly to Employment and Social Development Canada.**

Holder Consent to a Registered Disability Savings Plan (RDSP) Transfer

Instructions:

1. This annex must be completed and signed by the holder(s) of the relinquishing plan in order to authorize the transfer of assets to the receiving plan. It forms part of the Registered Disability Savings Plan (RDSP) Transfer form.
2. The relinquishing issuer will keep the signed original of this form and a copy of the Transfer form.
3. The receiving issuer will retain the signed original transfer form and a copy of this form.
4. Issuers should attach their copy of this Holder Consent form to their copy of the Transfer Form.
5. Read this document carefully. If you have any questions, do not hesitate to ask the relinquishing issuer you are currently dealing with.
6. This form is valid only if completed, signed, dated and given to the relinquishing issuer. **Do NOT send directly to Employment and Social Development Canada.**

Beneficiary's Last Name	Beneficiary's First Name	Beneficiary's Middle Name
Receiving RDSP Issuer		Receiving RDSP Contract No.

Declaration and Consent of the Holder(s) of the Relinquishing Plan

The holder (or holders, if applicable) of the relinquishing RDSP must sign to authorize the transfer of the assets to the receiving RDSP.

- In the case of a third holder of the relinquishing plan, please attach an additional Annex with their signature.

Relinquishing Issuer's Name	Relinquishing RDSP Contract No.
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1. I understand that, unless I am a holder of the receiving RDSP, I will no longer manage nor have any legal authority to direct the assets under the receiving RDSP;
2. I have read this form and understand it;
3. I understand that I am not required to provide consent. However, the assets of the relinquishing RDSP cannot be transferred to the receiving RDSP without my consent;
4. I attest that neither the beneficiary, the holder(s) of the receiving RDSP, nor anyone else has put any pressure on me to sign this form; and
5. I understand that I am entitled to a copy of this consent form.

You must read this section and sign to authorize the transfer.

I hereby authorize the transfer of the assets within the RDSP account as described above in this section. I authorize the liquidation of investments required to pay any applicable fees, charges or adjustments with the specific investment to be sold, and at the absolute discretion of the relinquishing institution. Please cancel all open orders (Pre-Authorized Payments, Lifetime Disability Assistance Payments, etc.) for the RDSP account (as described above in this section) being transferred.

Date (yyyy-mm-dd)	Relinquishing Plan Holder's Signature
	Name of Holder
Date (yyyy-mm-dd)	Joint Relinquishing Plan Holder's Signature (if applicable)
	Name of Joint Holder (if applicable)

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@hrsdc-rhdcc.gc.ca Internet: www.disabilitysavings.gc.ca