

## **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. 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. (as assigned by Receiving Issuer)	Receiving Specimen Plan No. (as assigned by CRA)	Date Contract Opened (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

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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. (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 is to be completed by the relinquishing issuer

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

Disability Assistance Payments (DAP)       Lifetime Disability Assistance Payments (LDAP)

**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?

(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

Date (YYYY-MM-DD)		Signature of Authorized Representative of Relinquishing Issuer	
		Name of Authorized Representative of Relinquishing Issuer	
Contact information	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@hrsdc-rhdcc.gc.ca](mailto:rdsp-reei@hrsdc-rhdcc.gc.ca) Internet: [www.canada.ca/rdsp](http://www.canada.ca/rdsp)

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

## **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 is to be used for the holder to provide consent to transfer the assets of the Registered Disability Savings Plan (RDSP) for which they are responsible from one issuer to another.
2. This form must be completed and signed (or consent is to be provided to the issuer in an accepted manner 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 RDSP Transfer form.
3. The relinquishing issuer will keep the completed original of this form and a copy of the Transfer form.
4. The receiving issuer will retain the completed original transfer form and a copy of this form.
5. Issuers should attach their copy of this Holder Consent form to their copy of the Transfer Form.
6. Read this document carefully. If you have any questions, do not hesitate to ask the relinquishing issuer you are currently dealing with.
7. This form is valid only if completed, signed (or consent is provided to the issuer in an accepted manner), dated and given to the relinquishing issuer. **Do NOT send directly to Employment and Social Development Canada.**

### Information about the Beneficiary and the Receiving Issuer

#### Beneficiary

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

Beneficiary's Last Name

Beneficiary's First Name

Beneficiary's Middle Name

#### Receiving issuer

The issuer who will be receiving the transferred assets (in cash and/or kind) from the relinquishing issuer.

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.**

Relinquishing Issuer's Name

Relinquishing RDSP Contract No.

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

1. I certify that the information provided on this form is accurate to the best of my knowledge.
2. 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;
3. I understand that a beneficiary can only have one RDSP; therefore, partial transfers are not permitted. The full amount in the RDSP must be transferred from the relinquishing issuer to the receiving issuer.
4. I understand that the *Privacy Act* gives me the right to access or request correction to my personal information kept in the government file and as the authorized representative to do so for that of the beneficiary.
5. I confirm that I have read and understand this document, including my privacy rights found below, I have received a copy of this document, and I consent to the use and sharing of my personal information.
6. I opt to proceed with this request and hereby authorize:
  - a) the transfer of the assets within the RDSP account as described above.
  - b) 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 issuer.
7. Please cancel all open orders (Pre-Authorized Payments, Lifetime Disability Assistance Payments, etc.) for the RDSP account (as described in this section) being transferred.
8. I understand that failure to complete and sign this form will result in non-processing of the transfer request.

You must read this section and sign (or provide consent to the issuer in an accepted manner) to authorize the transfer.

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)

## Your privacy rights

This section explains why your information is collected and how it is used, shared and protected. It also explains how you can access your personal information.

The personal information you provide 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.

The personal information you provide 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.

Though you are not obligated to provide any personal information, refusal to do so will mean that, ESDC will be unable to process your application to transfer the RDSP.

The information you provide may be used and/or disclosed by ESDC for policy analysis, research, statistical and/or evaluation purposes. Information may also be disclosed to Statistics Canada for research and statistical purposes. However, these additional uses will never result in an administrative decision made about you (such as a decision on your entitlement to a grant and/or a bond).

Once under the control of ESDC, your personal information is administered in accordance with the DESDA, the CDSA, the Privacy Act and all other applicable laws. You have the right to the protection of, and access to, your personal information, which is described in Personal Information Bank "ESDC PPU 038." Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at [Canada.ca/infosource-ESDC](http://Canada.ca/infosource-ESDC). *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. Additional information is available at [www.priv.gc.ca/en](http://www.priv.gc.ca/en).

## Definitions

These definitions are provided for your information only and do not constitute the legal definitions. In the event of a discrepancy, the legal definitions found in the *Canada Disability Savings Act*, and the *Income Tax Act* prevail.

**Beneficiary:** The individual who will receive payments from the RDSP.

**Government file:** The government file as has been referred to above, refers to any information collected under the authority of the DESDA, the CDSA, and the ITA for the purposes of determining eligibility for a Canada Disability Savings Grant (grant) or Canada Disability Savings Bond (bond), to calculate amounts payable and to administer the CDSA and the ITA. Such information may be held by ESDC and CRA.

**Holder:** Is an individual, agency, department or institution that opens an RDSP, names a beneficiary and authorizes or makes deposits (contributions) on behalf of the designated beneficiary into the RDSP. The plan holder may be:

- The beneficiary;
- If the beneficiary is not of the age of majority at the time the RDSP is opened and/or does not have legal capacity, the legal parent, legal representative, or public department, agency, or institution that is legally authorized to act on behalf of the beneficiary;
- If the beneficiary is of the age of majority at the time the RDSP is opened but does not have legal capacity, the legal representative, public department, agency, or institution that is legally authorized to act on behalf of the beneficiary; or
- If the RDSP is opened before 2024 and the beneficiary is of the age of majority at the time the RDSP is opened but the issuer, after a reasonable enquiry, has doubts regarding the beneficiary's legal capacity and no person or entity has been legally authorized to act on their behalf, the spouse, common-law partner or parent of the beneficiary [(also referred to as a qualifying family member [see s. 146.4(1) *Income Tax Act* for further details]).

**Issuer:** A corporation authorized to offer the RDSP to the public. The issuer opens an RDSP for the holder on behalf of a designated beneficiary and handles related administrative matters.

**Receiving issuer:** The issuer who will be receiving the transferred assets (in cash and/or kind) from the relinquishing issuer.

**Relinquishing issuer:** The issuer who will be sending the transferred assets (in cash and/or in kind) to the receiving issuer.

## General information

### General information

The RDSP transfer form consists of two parts:

- **RDSP Transfer Request** – to be completed by the relinquishing issuer and the receiving issuer to transfer the assets of an RDSP.
- **Holder Consent to RDSP Transfer** – to be completed by the holder to request the transfer.

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

## Transfer eligibility information

### Transfer eligibility information

Any RDSP can be transferred but certain conditions apply:

- A beneficiary can only have one RDSP meaning that a transfer request must be completed to move a plan from one issuer to another.
- The transfer must be for the full amount within the existing plan. Partial amounts cannot be transferred.
- The holder of the plan must initiate the transfer and the required transfer form must be completed by both issuers, that is, the receiving issuer and the relinquishing issuer.

Issuers may also have certain conditions and fees associated with transferring an RDSP.

### 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](mailto:rdsp-reei@hrsdc-rhdcc.gc.ca) Internet: [www.canada.ca/rdsp](http://www.canada.ca/rdsp)

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