

Disability Assistance Payment



PART 1: PLAN INFORMATION

RDSP Plan # _____ (the “Plan”)

Account Holder Name _____

Joint Account Holder Name _____ (if applicable)
(the Account Holder and, if applicable, the Joint Account Holder, each and together, the “**Accountholder**” under the Plan)

Beneficiary Name _____ (the “**Beneficiary**” under the Plan)

PART 2: TYPE OF DISABILITY ASSISTANCE PAYMENT REQUESTED

Disability Assistance Payment (DAP) DAP Request completed by Beneficiary \$ _____ (select one) Gross Net

Lifetime Disability Assistance Payment (LDAP)

(For Lifetime Disability Assistance Payments (LDAP) indicate frequency: Monthly Quarterly Semi-Annually Annually)

First payment to commence on ____ day of _____ 20____ .

Beneficiary’s Date of Birth (YYYY/MM/DD) _____

Specified Year Disability Assistance Payment (Please include certification in writing from a medical doctor who is licensed to practice under the laws of a province or territory (or of a place where the Beneficiary resides), that, in his or her professional opinion, the Beneficiary’s life expectancy is not likely to exceed five years.)

I understand that, with respect to the Disability Assistance payments (DAP/LDAP) requested here:

- a) For every \$1 withdrawn, up to \$3 of any grants and bonds paid into this Plan within the ten years preceding the withdrawal must be repaid to Employment and Social Development Canada (ESDC), up to the total amount of such grants and bonds;
- b) No DAP/LDAP will be made if, following the payment, the Plan value would be less than the total of all grants and bonds received by the Plan within the previous ten years (minus any Grant or Bond already repaid);
- c) Where government contributions to the Plan exceed private contributions, maximum payment amounts will be determined as stipulated by the *Income Tax Act* (Canada);
- d) If a LDAP has been selected, above, once initiated, payments must be made at least annually and must begin by the end of the year in which the Beneficiary turns 60;
- e) A T4A information return will be issued to the Beneficiary specifying the taxable amount of the payment; and
- f) The funds received from this/these payment(s) are to be used for the exclusive benefit of the Beneficiary under the Plan.

PART 3: PAYMENT METHOD

Disability Assistance Payments (DAP/LDAP) will be made by way of direct deposit into payee’s account. Please provide an imprinted VOID cheque for the account into which payments are to be deposited.

Imprinted VOID cheque enclosed.

PART 4: AUTHORIZATION

I hereby authorize and request that Community Trust Company make Disability Assistance Payment(s), as specified in Part 2 and in a manner indicated in Part 3. Community Trust Company is entitled to rely on instructions contained herein.

I, the undersigned, agree to indemnify and save harmless Community Trust Company, its directors, officers, employees and agents (collectively, "CTC") from and against any and all losses, costs, damages, claims, demands, taxes, proceedings, charges, penalties, fees and expenses of any nature whatsoever incurred directly or indirectly by CTC or claimed or brought against it by any person, corporation, regulatory or governmental authority, and which may in any way whatsoever arise out of or be connected with the Plan or CTC acting in accordance with this Disability Assistance Payment request.

I expressly request that this document and any related instruments be drawn up in the English language. J'ai expressément demandé que ce document et tous autres articles qui s'y rapportent soient rédigés en langue anglais.

Accountholder Name	Accountholder Signature	Date
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Joint Accountholder Name	Joint Accountholder Signature	Date
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PRIVACY

Privacy Statement

Community Trust Company is committed to protecting the personal information of our clients. Personal information obtained in the course of doing business with you is not collected, used or disclosed except in compliance with governing legislation, including Canada's Personal Information Protection and Electronic Documents Act (PIPEDA).