

RDSP Account Holder Consent to Non-Holder Contributions



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: CONTRIBUTOR INFORMATION (NON-HOLDER)

Reference to 'Contributor' in this document is to a Non-RDSP Account Holder named below.

A. *Complete this Section A if Contributor is an individual.*

Contributor Last Name _____ First Name _____

Address _____

City _____ Province _____ Postal Code _____

Occupation _____ Date of Birth (YYYY/MM/DD) _____

Personal Telephone _____ Business Telephone _____

Relationship to Account Holder _____ Relationship to Beneficiary _____

B. *Complete this Section B if Contributor is an entity.*

Contributor Name _____

Type of Entity (ex. corporation, trust) _____

Business Address _____

City _____ Province _____ Postal Code _____

Principal Business _____ Telephone _____ Business Incorporation Number _____

Jurisdiction of Formation/Existence _____

Relationship to Account Holder _____ Relationship to Beneficiary _____

Authorized Signatories _____

