

Specified Disability Savings Plan (SDSP) Election Form



All capitalized terms used here have the meaning assigned to them in the Plan, unless otherwise defined in this document.

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: SPECIFIED DISABILITY SAVINGS PLAN DESIGNATION

1. SDSP DESIGNATION ELECTION

I am the Accountholder under the Plan and:

I elect to designate the Plan as a Specified Disability Savings Plan ("SDSP") under the Canada *Income Tax Act* (the "ITA") and direct the issuer to notify the Minister of this SDSP election, according to the Minister's requirements.

I attach written certification from a medical doctor licensed to practice under the laws of a province or territory (or the 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 this ____ year and each of the years during which the Plan is a SDSP will be treated as a Specified Year. As a result, I understand that:

- A. DAPs from the plan will not cause a repayment of any of the Assistance Holdback Amount, except if the Beneficiary dies or ceases to be a DTC-Eligible individual;
- B. No Government Funded Benefit entitlements will be carried forward by the Beneficiary in respect of years under election, other than for the year in which the election is made; and
- C. Upon the death of the Beneficiary, any Government Funded Benefits remaining in the Plan and that were received by the Plan within the preceding 10 years must be repaid.

2. SDSP DESIGNATION REMOVAL

I am the Accountholder under the Plan and:

I elect that this Plan no longer be designated as a Specified Disability Savings Plan and direct the issuer to notify the Minister of this election, according to the Minister requirements.

(An RDSP may not be elected to be Specified for 24 months after the designation is removed.)

I elect that this year ____ be treated as a Specified Year. I understand that, as the Plan is not designated as a SDSP:

- A. DAPs from the plan will continue to cause a repayment of some or all of the Assistance Holdback Amount in the Plan;
- B. The maximum withdrawal requirements of paragraph 146.4(4)(l) and 146.4(4)(n)(i) of the *Income Tax Act* (Canada) will not apply; and
- C. Specified Year conditions will cease to apply in the 6th year after the year of the doctor's written certification.

I attach written certification from a medical doctor licensed to practice under the laws of a province or territory (or the place where the Beneficiary resides), that, in his or her professional opinion, the Beneficiary's life expectancy is not likely to exceed five years.

