

SECTION A - PLAN INFORMATION

 RDSP Account Number (the Plan) _____
 Account Holder Name _____
 Joint Account Holder (if applicable) _____

 Beneficiary Name _____

SECTION B - TYPE OF DISABILITY ASSISTANCE PAYMENT (DAP/LDAP)
 Disability Assistance Payment (DAP) DAP request completed by beneficiary Net Gross \$ _____
 Lifetime Disability Assistance Payment (LDAP)
 Specified Year Disability Assistance Payment (Please include Doctor's signed certification that beneficiary's life expectancy is 5 years or less)

For Lifetime Disability Assistance Payments (LDAP): indicate frequency

 Monthly Bi-Monthly Quarterly Semi-Annually Annually; with the first payment to commence _____

I understand that, for Disability Assistance payments (DAP/LDAP):

- a. Repayment to ESDC is required of all Grant and Bond received into this Plan within the previous ten years (minus any Grant or Bond already repaid).
- b. Plan value after DAP/LDAP must be greater than total of all Grant and Bond 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 LDAP has been selected, above, once initiated, payments must be made at least annually
- e. T4A will be issued to the beneficiary for the taxable amount of the payment
- f. The money received from this/these payment(s) is to be used for the exclusive benefit of the beneficiary of this Plan

For Disability Assistance Payments (DAP/LDAP):
 Mail cheque to: _____ EFT (Please provide imprinted VOID cheque)

SECTION C - PAD/PAC AUTHORIZATION - Please read carefully before signing

 TO: _____ AND TO: Mackenzie Investments (Void specimen cheque attached) Please stop existing PACs

 Undersigned's bank

 Process my PAC purchase: Weekly Monthly Quarterly Annually My first purchase is to commence Bi-Weekly¹ Semi-Monthly² Bi-Monthly³ Semi-Annually⁴ Date DD MMM YYYY Protect my PAC deposits against inflation by an annual increment of _____ %
¹Once every 14 days ²15th and end of month ³Every other month ⁴Every six months

I/We hereby authorize and request Mackenzie Investments to draw on my/our account at the Bank named above, whether the account continues to be maintained at the branch or is transferred to another branch at the Bank. I/We acknowledge that I/We have read and agree to be bound by the Pre-Authorized Chequing (Pre-Authorized Debit) Terms and Conditions attached to this application. By signing this form the contributor consents to sharing banking information with the RDSP account holder for the express purpose of making ongoing contributions to the above-noted RDSP.

Bank Account Holder's Signature		Bank Account Holder's Name		Date	DD MMM YYYY
Joint Bank Account Holder's Signature		Joint Bank Account Holder's Name		Date	DD MMM YYYY

Where bank account holder(s) is/are not the RDSP Holder, please also complete and submit the RDSP Holder Consent to Non-Holder Contributions form.

SECTION D - FUND SELECTION

Indicate the fund(s) from/to which the payment(s) or contribution(s) is/are to be made

FUND NUMBER	FUND NAME	DOLLAR AMOUNT (\$)	FUND NUMBER	FUND NAME	DOLLAR AMOUNT (\$)

SECTION E - ACCOUNT HOLDER AUTHORIZATION

Dealer Name	Dealer Code	Advisor Name	Advisor Code
Account Holder Signature		Date	DD MMM YYYY
Joint Account Holder Signature (if applicable)		Date	DD MMM YYYY
Beneficiary Signature (if applicable)		Date	DD MMM YYYY
Advisor Signature		Date	DD MMM YYYY

AFFIX SIGNATURE GUARANTEE STAMP

DEFINITIONS

“**Account Holder**” means:

- (i) an entity that has entered into the Plan with the Trustee;
- (ii) an entity who receives rights as a successor or assignee of an entity who entered into the Plan with the Trustee; and
- (iii) the Beneficiary, if the Beneficiary has rights under the Plan to make decisions concerning the Plan, unless the Beneficiary's only right is to request that Disability Savings Payments be made as detailed in section 12(b).

“**Assistance Holdback Amount**” has the meaning assigned under the Canada Disability Savings Regulations.

“**Beneficiary**” means the individual designated in the application by the Account Holder(s) to whom, or on whose behalf, Lifetime Disability Assistance Payments and Disability Assistance Payments shall be paid.

“**Disability Assistance Payment**” means any payment from the Plan to the Beneficiary or to the Beneficiary's estate.

“**Lifetime Disability Assistance Payments**” means Disability Assistance Payments that, after they begin to be paid, are payable at least annually until the earlier of the day on which the Beneficiary dies and the day on which the Plan is terminated.

“**Registered Disability Savings Plan**” means a Disability Savings Plan that satisfies the conditions of section 146.4 of the ITA.

“**Specified Year**” as found in the RDSP Declaration of Trust must be read to include years in which the Plan is an SDSP.

PRE-AUTHORIZED DEBIT TERMS & CONDITIONS

- a) **By signing this application, you (the bank Account Holder(s)) hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with respect to pre-authorized debits.**
- b) You authorize Mackenzie Financial Corporation (Mackenzie) to debit the bank account provided for the amount(s) and in the frequencies instructed.
- c) If this is for your own personal investment, your debit will be considered a Personal Pre-authorized Debit (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD.
- d) You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.
- e) You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.
- f) You may change these instructions or cancel this plan at any time, provided that Mackenzie receives at least 10 business days notice by phone or by mail. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Canadian Payments Association website at www.cdnpay.ca. You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- g) Mackenzie is authorized to accept changes to this agreement from my registered dealer or my financial advisor in accordance with the policies of Mackenzie, in accordance with the disclosure and authorization requirements of the CPA.
- h) You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
- i) You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- j) You have requested this application form and all other documents relating hereto to be in English. Vous avez exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

February 2010