



Revocation of Request for Canada Disability Savings Grants and/or Canada Disability Savings Bonds

I wish to revoke the request for payments of the:

- Canada Disability Savings Grant**
- Canada Disability Savings Bond**

Protected "B" When Completed - Personal Information Bank ESDC PPU 038

Instructions:

- Check the incentives you wish to revoke at the top of this form.
- Read this document carefully. If you have any questions, do not hesitate to ask the Financial Organization.
- This form is valid only if completed, signed, dated, and given to the Financial Organization. Do not send directly to ESDC**
- Please print clearly. Keep a copy for your records.

Plan Holder 1

First Name (or Name of Agency and Name of Representative) _____ Last Name _____ Telephone Number _____

Address _____ Postal Code _____

Plan Holder 2

(Complete this section in the case of joint holders. Attach additional pages in the case of a third holder)

First Name _____ Last Name _____ Telephone Number _____

Address _____ Postal Code _____

Beneficiary

First Name _____ Last Name _____ Social Insurance Number _____

Issuer

(To be completed by the Financial organization)

Name _____ Telephone Number _____

Address _____ Postal Code _____

RDSP Contract Number _____

Explanation of Key Words*:

Holder - An Individual, Agency, Department or Institution that opens an RDSP, names one Beneficiary and may deposit money (contributions) for the Beneficiary into the RDSP.

Beneficiary - Individual who will receive money in the future to help ensure their financial security.

Financial Organization (or Issuer) - An entity authorized to offer the RDSP to the public, that will open an RDSP for the Holder and that invests, administers and distributes the money in the RDSP for the Beneficiary.

*Note : These explanations are provided for your information only. In the event of a discrepancy, the legal definitions found in the *Canada Disability Savings Act* and the *Income Tax Act* shall prevail.

Your Privacy Rights

Employment and Social Development Canada protects the confidentiality of your personal information. We cannot give your personal information to any person or organization without your written consent, except where authorized by legislation. The *Privacy Act* gives you (or your authorized representative) the right to access or request correction to your personal information kept in your government file.

Personal information and other information included in this form will be kept in Personal Information Bank "ESDC PPU 038" of Employment and Social Development Canada.

Instructions for obtaining a copy of your personal information are available in *Info Source*. You can get a printed copy of *Info Source* at Service Canada Centres or by calling 1 800 O Canada (1 800 622-6232). You may also view the information electronically on the Internet at infosource.gc.ca

Where to get more information about the Canada Disability Savings Program:

Phone: 1 800 O Canada (1 800 622-6232)
1 800 926-9105 (TTY)
E-mail : rdsp-reei@esdc-edsc.gc.ca
Internet: disabilitysavings.gc.ca

Ce formulaire est disponible en français

This form is available in alternate formats



Revocation of Request for Canada Disability Savings Grants and/or Canada Disability Savings Bonds Payments (continued)

Conditions

1. Only the holder(s) of an RDSP can authorize the revocation of a request for Canada Disability Savings Grants and/or Canada Disability Savings Bonds to be paid into an RDSP.
2. Revoking your request for payments of the Canada Disability Savings Grant will result in the discontinuation of payments of Canada Disability Savings Grants on contributions made to the RDSP from the date this request is signed onwards. Revoking your request for payments of the Canada Disability Savings Bond will result in the suspension of payments of Canada Disability Savings Bonds into the RDSP from the date this request is signed onwards.
3. Should you wish to resume your payments of the Canada Disability Savings Grant and/or Canada Disability Savings Bond into the Registered Disability Savings Plan, you must complete, sign and submit a new "Application for the Canada Disability Savings Grant and/or Canada Disability Savings Bond" form available at the Financial Organization's place of business.

Sharing of your Personal Information

I understand that:

1. The authority of the Government of Canada to collect, use and share personal information and other information included on this form for the purposes described below is provided under the *Canada Disability Savings Act*, the *Department of Social Development Act* and the *Income Tax Act*. Once under the control of Employment and Social Development Canada, that information is administered in accordance with all applicable laws including the *Canada Disability Savings Act*, the *Privacy Act* and the *Department of Social Development Act*. Once under the control of the Canada Revenue Agency, that information is administered in accordance with all applicable laws including the *Privacy Act* and the *Income Tax Act*.
2. The information included on this form and the information respecting the Registered Disability Savings Plan may be used by and shared between Employment and Social Development Canada, the Canada Revenue Agency, and the Issuer for the administration (which may include policy analysis, research and evaluation) of the *Canada Disability Savings Act* and the *Income Tax Act*.

Declaration and Consent of the Holder

I confirm that I am the holder of this Registered Disability Savings Plan.

I authorize the Issuer to revoke the request for payment of the incentives I have indicated on the previous page in respect of the beneficiary.

I have read and understood this document. I understand that the *Privacy Act* gives me (or my authorized representative) the right to access or request correction to my personal information kept in my government file.

Plan Holder

- Yes I consent to the use and sharing of my personal information as mentioned above.
- No

Joint Holder (if applicable)

- Yes I consent to the use and sharing of my personal information as mentioned above.
- No

I understand that the provision of the information is voluntary and that I am not required to give my consent; however, if I do not give my consent, Employment and Social Development Canada cannot revoke my request for payments of the Canada Disability Savings Grant and/or Canada Disability Savings Bond to the Issuer in respect of the RDSP beneficiary.

NOTE: In the case of a third holder, please attach a statement indicating that the third holder understands and consents to the above.

Holder's Signature

Date (DD/MM/YYYY)

Joint Holder's Signature (if applicable)

Date (DD/MM/YYYY)

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