

Holder Consent to a Registered Disability Savings Plan (RDSP) Transfer

Instructions:

1. This annex must be completed and signed by the holder(s) of the relinquishing plan in order to authorize the transfer of assets to the receiving plan. It forms part of the Registered Disability Savings Plan (RDSP) Transfer form.
2. The relinquishing issuer will keep the signed original of this form and a copy of the Transfer form.
3. The receiving issuer will retain the signed original transfer form and a copy of this form.
4. Issuers should attach their copy of this Holder Consent form to their copy of the Transfer Form.
5. Read this document carefully. If you have any questions, do not hesitate to ask the relinquishing issuer you are currently dealing with.
6. This form is valid only if completed, signed, dated and given to the relinquishing issuer. **Do NOT send directly to Employment and Social Development Canada.**

Beneficiary's Last Name	Beneficiary's First Name	Beneficiary's Middle Name
Receiving RDSP Issuer Mackenzie Financial Corporation		Receiving RDSP Contract No.

Declaration and Consent of the Holder(s) of the Relinquishing Plan

The holder (or holders, if applicable) of the relinquishing RDSP must sign to authorize the transfer of the assets to the receiving RDSP.

- In the case of a third holder of the relinquishing plan, please attach an additional Annex with their signature.

Relinquishing Issuer's Name	Relinquishing RDSP Contract No.
-----------------------------	---------------------------------

1. I understand that, unless I am a holder of the receiving RDSP, I will no longer manage nor have any legal authority to direct the assets under the receiving RDSP;
2. I have read this form and understand it;
3. I understand that I am not required to provide consent. However, the assets of the relinquishing RDSP cannot be transferred to the receiving RDSP without my consent;
4. I attest that neither the beneficiary, the holder(s) of the receiving RDSP, nor anyone else has put any pressure on me to sign this form; and
5. I understand that I am entitled to a copy of this consent form.

You must read this section and sign to authorize the transfer.

I hereby authorize the transfer of the assets within the RDSP account as described above in this section. I authorize the liquidation of investments required to pay any applicable fees, charges or adjustments with the specific investment to be sold, and at the absolute discretion of the relinquishing institution. Please cancel all open orders (Pre-Authorized Payments, Lifetime Disability Assistance Payments, etc.) for the RDSP account (as described above in this section) being transferred.

Date (yyyy-mm-dd)	Relinquishing Plan Holder's Signature
	Name of Holder
Date (yyyy-mm-dd)	Joint Relinquishing Plan Holder's Signature (if applicable)
	Name of Joint Holder (if applicable)

Where to get more information about the Canada Disability Savings Grant and Canada Disability Savings Bond:

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