



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

I wish to opt-out of or revoke the request for payment of the:

Canada Disability Savings Grant

Canada Disability Savings Bond

**Instructions:**

1. This form is to be used to opt-out of or revoke a request (previously made) to receive payment for the Canadian Disability Savings Grant(s) and/or the Canada Disability Savings Bond(s) into the beneficiary's RDSP. If the designated beneficiary has previously received payment for either the grant or the bond, it will mean that such payments will be discontinued.
2. On behalf of the designated beneficiary, select the incentive that you wish to opt-out of or cancel by checking the appropriate box at the top of this form.
3. Read this document carefully. If you have any questions, do not hesitate to ask the Registered Disability Savings Plan (RDSP) issuer.
4. This form is valid only if completed, signed (or consent is provided to the issuer in an accepted manner), dated, and given to the issuer. Do NOT send directly to Employment and Social Development Canada (ESDC). Keep a copy for your records.

**Plan Holder 1**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (or Name of Agency and Name of Representative)	First Name	Telephone Number
<input type="text"/>		<input type="text"/>
Address		Postal Code

**Plan Holder 2**

(Complete this section in the case of joint holders.)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (or Name of Agency and Name of Representative)	First Name	Telephone Number
<input type="text"/>		<input type="text"/>
Address		Postal Code

**NOTE:** In the case of a third holder, please attach a completed and separate form.

**Beneficiary**

The name must be entered exactly as it appears on Social Insurance Number (SIN) documentation

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Social Insurance Number

**Issuer**

(To be completed by the Financial organization)

<input type="text"/>	<input type="text"/>
Issuer Name	Telephone Number
<input type="text"/>	<input type="text"/>
Address	Postal Code
<input type="text"/>	
RDSP Contract Number	

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 completed. 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 completed.
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, and submit a new "Application for the Canada Disability Savings Grant and/or Canada Disability Savings Bond" form available at the place of business of the issuer.

### Your privacy rights

The personal information you provide on this form is collected under the authority of the *Department of Employment and Social Development Act* (DESDA), *Canada Disability Savings Act* (CDSA) and the *Income Tax Act* (ITA) for the administration of federal disability savings incentives.

Information may be used by and shared between Employment and Social Development Canada (ESDC), the Canada Revenue Agency, and the issuer for the administration of the CDSA and the ITA.

The Social Insurance Number (SIN) is collected under the authority of the CDSA and the ITA in accordance with the Treasury Board Secretariat's Directive on Social Insurance Number. The SIN will be used as a file identifier and to ensure an individual's exact identification so that the request for Canada Disability Savings Grants and/or Bonds can be revoked.

Where the beneficiary is not of the age of the majority, and/or does not have legal capacity, the holder authorizes the collection, use, and sharing of the beneficiary's personal information for this purpose.

Though you are not obligated to provide any personal information, refusal to do so will result in ESDC being unable to process your revocation request.

Information may be used and/or disclosed by ESDC for policy analysis, research and/or evaluation purposes. Information may also be disclosed to Statistics Canada for research and statistical purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision made about you.

Once under the control of ESDC, your personal information is administered in accordance with the DESDA, the ITA, the CDSA, the *Privacy Act*, and all other applicable laws. You have the right to access or request correction to your personal information, which is described in Personal Information Bank "ESDC PPU 038". Instructions for obtaining this information are outlined in the government publication entitled *Info Source*, which is available at [Canada.ca/infosource-ESDC](http://Canada.ca/infosource-ESDC). *Info Source* may also be accessed online at any Service Canada Centre. You have the right to file a complaint with the Privacy Commissioner of Canada if you have concerns about the handling of your personal information.

### 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 designated beneficiary.

I understand that the *Privacy Act* gives me the right to access or request correction to my personal information kept in my government file and as the authorized representative to do so for the designated beneficiary.

I understand that failure to complete this form (or otherwise indicate my consent in an accepted manner) will mean that ESDC will be unable to process my application to revoke payments of the Canada Disability Savings Grant and/or Canada Disability Savings Bond to the issuer in respect of the designated beneficiary.

I confirm that I have read and understood this document, including my privacy rights found in the section above and I consent to the use and sharing of my personal information. I certify that the information provided on this form is accurate to the best of my knowledge.

\_\_\_\_\_  
Holder's Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Joint Holder's Signature (if applicable)

\_\_\_\_\_  
Date (YYYY-MM-DD)

### Definitions:

**Beneficiary:** Individual who will receive payments from the RDSP.

**Holder:** Individual, agency, department or institution that opens an RDSP, names a beneficiary and authorizes or makes deposits (contributions) on behalf of the designated beneficiary into the RDSP. The plan holder may be the beneficiary provided the beneficiary is of the age of majority and has legal capacity to sign (or provide consent in an accepted manner to the issuer) for themselves.

**Issuer:** A corporation authorized to offer the RDSP to the public. The issuer opens an RDSP for the Holder on behalf of a designated beneficiary and handles related administrative matters.

\*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.

### 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](mailto:rdsp-reei@hrsdc-rhdcc.gc.ca) Internet: [www.canada.ca/rdsp](http://www.canada.ca/rdsp)

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