



RDSP DISABILITY ASSISTANCE PAYMENT AND PRE-AUTHORIZED CHEQUING FORM

SECTION A – PLAN INFORMATION

RDSP Account Number (the Plan) _____

Account Holder Name _____

Beneficiary Name _____

Joint Account Holder (if applicable) _____

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 – PAC/PAD AUTHORIZATION – Please read carefully before signing

TO: _____ AND TO: Mackenzie Investments (PROVIDE PROOF OF BANKING) Use banking info on file
Undersigned's Bank

Select One: Add Change Stop

A One-time Purchase on _____ for \$ _____
Date (DD MMM YYYY)

B Frequency for recurring PACS

- Weekly Monthly Quarterly Annually
 - Bi-Weekly¹ Semi-Monthly² Bi-Monthly³ Semi-Annually⁴
- ¹Once every 14 days ²Only on/around 15th and end of month ³Every other month ⁴Every six months

Protect PAC against inflation by an annual

increment of % _____ or \$ _____
starting from Date (DD MMM YYYY) ➔ _____

My first purchase is to commence

Date (DD MMM YYYY) ➔ _____ Total amount per run date: \$ _____

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 a one-time or ongoing contributions to the above-noted RDSP.

X _____

Bank Account Holder's Signature

Bank Account Holder's Name

Date (DD MMM YYYY)

X _____

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 (Please complete - Refer to the list of our Eligible Mackenzie funds for RDSP. Funds will be automatically invested into the equivalent RDSP Series AR/PWR if the retail series is designated.) Attach the RDSP Holder Consent to Non-Holder Contributions if the Bank Account Holder is not the RDSP Account Holder

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

FUND NUMBER	FUND NAME	DOLLAR AMOUNT (\$)	SALES CHARGE (FRONT END LOAD) %
MRD			
MRD			
MRD			
MRD			
MRD			
TOTALS		\$	

SECTION E – ACCOUNT HOLDER AUTHORIZATION

Dealer Name	Dealer Code	Advisor Name	Advisor Code
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	AFFIX SIGNATURE GUARANTEE STAMP
Account Holder Signature		Date	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>		
Joint Account Holder Signature (if applicable)		Date	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>		
Beneficiary Signature (if applicable)		Date	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>		
Advisor Signature		Date	

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.

PAC/PAD TERMS AND CONDITIONS

- a) By signing this agreement, you hereby waive any confirmation and pre-notification requirements as specified by section 17 of the Canadian Payments Association Rule H1 with regards to pre-authorized debit (PADs).
- b) You authorize Mackenzie Financial Corporation (Mackenzie) to debit the bank account(s) 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 PAD by the Canadian Payments Association (CPA) 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) If this is for a one-time PAD agreement, only a single one-time PAD is permitted. Your authority is to remain in effect until the one-time PAD is completed, at which time this PAD agreement for the one-time request will automatically terminate.
- e) You acknowledge that for a one-time PAD, the Payor’s PAD is no longer valid once the payment has been fulfilled. Any subsequent PAD request requires a newly authorized Payor’s PAD agreement.
- f) You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca.
- g) You confirm that all persons whose signatures are required to authorize transactions in the bank account(s) provided have signed this agreement.
- h) You may change these instructions or cancel this plan at any time, provided that Mackenzie receives at least 10 (ten) business days’ notice by phone or by mail. You can also obtain further information regarding the Mackenzie’s practices related to personal information, privacy, and information security. Contact information for Mackenzie can be found within the form. 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.payments.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.
- i) Mackenzie may cease issuing your PAD agreement in accordance with Rule H1.
- j) Mackenzie is authorized to accept changes to this agreement from your registered dealer or your financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- k) 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.
- l) 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.
- m) *For Quebec clients only/Pour les clients et clientes du Québec seulement: You acknowledge to have received the French version of this PAD agreement and that you have chosen to complete the English version of this document and requested that all related current and future documents be provided in English. Vous reconnaissez avoir reçu la version française de la présente entente de DPA, avoir choisi de remplir la version anglaise du document et avoir demandé à ce que tous les documents connexes actuels et futurs vous soient fournis en anglais.*

Revised: December 2023