Helping people with disabilities save for the future

Endowment 150 offers eligible people with disabilities a one-time grant of $150 to help their Registered Disability Savings Plan (RDSP) grow. This $150 grant, plus grants and bonds available from the Federal Government, will grow and help you save for your future or that of a loved one.

Who can apply?

You can apply on behalf of a child (under the age of 18) with a disability if:

- The child is a BC resident
- You receive the federal Disability Tax Credit on behalf of the child
- You receive the Child Disability Benefit on behalf of the child
- You hold an RDSP with at least $25 deposited where the child is the beneficiary
- The child has not previously benefited from a $150 grant from Endowment 150

Adults with disabilities are also eligible. For details, please see the application form for adults.

How to apply

Complete the application form on the reverse of this page and mail it, along with:

- A copy of your RDSP statement clearly showing the:
  - RDSP holder’s name
  - RDSP beneficiary’s name (the child’s name)
  - RDSP account number
  - account balance of more than $25
  - statement date which is less than 6 months ago

- A copy of your Canada Child Tax Notice
  - This should include your name, the name of the child with a disability, the amount of the Child Disability Benefit you receive, and your SIN number
  - Any missing information will result in a delay in processing your application.

Need more information?

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<td>Find out about eligibility and see if you qualify</td>
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<td>1.844.311.7526</td>
<td>1.800.959.8281</td>
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Contact Endowment 150

**Find us on the web:** [www.rdsp.com/endowment-150](http://www.rdsp.com/endowment-150)

**Send us an email:** E150@planinstitute.ca

**Ask a question:** 604.439.9566 ext. 155

**Mailing address:**
Plan Institute
#260-3665 Kingsway
Vancouver, BC V5R 5W2

Updated 01/01/2017
1. How did you hear about the Endowment 150 grant? ______________________________

2. Eligibility Criteria  ALL criteria must apply to be eligible. Please check ☑

- ☐ The child must currently reside in British Columbia (BC)
- ☐ You receive the federal Disability Tax Credit (DTC) on behalf of the child
- ☐ You receive the Child Disability Benefit on behalf of the child (statement required)
- ☐ You hold an RDSP that has a minimum balance of $25 and lists the child as the beneficiary (RDSP statement dated within 6 months required)

3. Beneficiary (the child with a disability who will benefit from this contribution to their RDSP)

Beneficiary First Name ____________________________

Beneficiary Last Name ____________________________

Mailing Address ________________________________

( _____) _______ - _________

Phone ☐ Preferred contact method

Social Insurance Number (SIN) ____________________________

RDSP Number ____________________________

City ____________________________ Posta Code ____________________________

E-mail Address ☐ Preferred contact method

Date of Birth (mm/dd/yyyy) ____________________________

Financial Institution where the RDSP is held ____________________________

4. Holder (only complete this section if the RDSP beneficiary is NOT the RDSP holder)

Holder First Name ____________________________

Holder Last Name ____________________________

Relation to Beneficiary (e.g. legal parent, guardian, etc.) ____________________________

OR

Public Department/Agency/Institution (if applicable) ____________________________

Mailing Address ________________________________

( _____) _______ - _________

Phone ☐ Preferred contact method

Social Insurance Number (SIN) ____________________________

City ____________________________ Posta Code ____________________________

E-mail Address ☐ Preferred contact method

Date of Birth (mm/dd/yyyy) ____________________________

Contact Name at Public Department/Agency/Institution (if applicable) ____________________________

5. Disclosure  Please read carefully, check ☑ each item, and sign below

- ☐ I certify that the information provided in this application is true, correct and complete to the best of my ability.
- ☐ I certify that upon receipt of the $150, I will deposit it into the RDSP account listed above. For auditing purposes, I understand I may be required to provide proof of this deposit to Plan Institute in the future.
- ☐ I authorize Endowment 150 and/or Plan Institute staff to disclose this information to:
  - Vancouver Foundation for reporting purposes.

Signature of RDSP Holder ____________________________

Date ____________________________

Mail your completed application form, RDSP statement, and Canada Child Tax Notice to:

Plan Institute, #260-3665 Kingsway, Vancouver, BC V5R 5W2 ←

Updated 01/01/2017