

## Application Form – Child (RDSP Beneficiary Aged 0-17)

**Website:** [www.rdsp.com/endowment-150](http://www.rdsp.com/endowment-150)  
**Email:** [e150@planinstitute.ca](mailto:e150@planinstitute.ca)  
**Phone:** 604-439-9566 extension 155  
**Fax:** (+1) 778-300-2313  
**Mail:** Plan Institute, 217-4388 Still Creek Drive, Burnaby, BC, V5C 6C6

### 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. If eligible, this \$150 deposit will attract up to \$450 in government grants, for a total of \$600 into your RDSP.

### Who can apply?

RDSP Holders can apply for the Endowment 150 on behalf of their child beneficiary if:

- ✓ The child is currently aged 0-17
- ✓ Your RDSP is active
- ✓ The child has not previously received this grant from any organization

People 18-59 years old have different eligibility criteria. [For details, please see the application form for adults.](#)

### How to apply:

1. Complete the application form on the reverse side of this page or online at <https://www.surveymonkey.com/r/DHF3Q9L>
2. Include official proof of your RDSP account, such as with a recent statement; screenshot of account activity online; or financial institution letter, and must include:
  - RDSP holder's name
  - The date within the last six months (not written on)
  - The term "RDSP" or "Registered Disability Savings Plan"

Please note that RDSP Application Forms are not sufficient proof of RDSP.

3. Send all documentation by email, phone, fax, or mail to Plan Institute. Processing takes 6-8 weeks.

### Grants by default are issued by cheque, made payable to the holder.

- If you prefer to receive your grant payment by Electronic Fund Transfer (EFT), please submit a void cheque or a Direct Deposit Form with your account details (obtained from your financial institution).
- Please confirm with your financial institution the most efficient way of depositing the funds into your RDSP. If there are additional steps, such as having us make the cheque payable to the financial institution and mailing it directly there with any forms, please let us know. You must provide a signed letter of direction with your application to let us know how best to issue this payment.

## Application Form – Child (RDSP Beneficiary Aged 0-17)

We have taken every precaution to ensure that the confidential information you share through your Endowment 150 grant application is safe and secure. We are committed to your security and have put measures in place to ensure the safety of your information. If you would like to learn more, please contact our Endowment 150 support line at [e150@planinstitute.ca](mailto:e150@planinstitute.ca) or 604-439-9566 extension 155.

### Beneficiary Information (the person with a disability who will benefit from this contribution to their RDSP)

\_\_\_\_\_  
Beneficiary First Name

\_\_\_\_\_  
Beneficiary Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_, BC, \_\_\_\_\_  
City Postal Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Insurance Number (SIN)  
(Needed for PWD income assistance verification)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (month, day, year)

### Holder Information (the person who is responsible for managing the account)

\_\_\_\_\_  
Holder First Name

\_\_\_\_\_  
Holder Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_, BC, \_\_\_\_\_  
City Postal Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
What is your relationship to the beneficiary?

\_\_\_\_\_  
How did you hear about this grant?

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

- I certify that the information provided in this application is true, correct and complete and that I have not previously received the E150 grant from any organization to the best of my ability and knowledge.
- I certify that upon receipt of the E150, 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.
- I authorize Endowment 150 and/or Plan Institute staff to disclose this information to:
  - the Vancouver Foundation for reporting purposes.

\_\_\_\_\_  
Holder Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (month, day, year)