## TAX WITHHOLDING WAIVER ON ACCUMULATED INCOME PAYMENTS FROM RESPS

This form authorizes the promoter of your Registered Education Savings Plan (RESP) to not withhold tax on an accumulated income payment that you are entitled to receive from the RESP.

You can use this form if you are the subscriber of the RESP or, when there is no other subscriber, if you are the surviving spouse or common-law partner of a deceased subscriber and you meet **all** the following conditions:

- You include the accumulated income payment (AIP) as income on line 130
  of your return for the year in which you received it.
- The promoter transfers the AIP directly to your Registered Retirement Savings Plan (RRSP) or your spouse's or common-law partner's RRSP. The amount transferred cannot be more than the amount on line 8 of this form or the RRSP deduction limit shown on your *Notice of Assessment* for the preceding year, whichever is less. If you do not have your *Notice of Assessment*, you can get your RRSP deduction limit by calling General Enquiries at 1-800-959-8281.
- You deduct the amount transferred to your RRSP or your spouse's or common-law partner's RRSP on line 208 of your return for the year in which the transfer was made.
- You complete Form T1172, Additional Tax on Accumulated Income Payments from RESPs, to determine if you have to pay an additional tax on a portion or all of the AIPs you received.

Complete a separate waiver for each AIP you would like the promoter to transfer to an RRSP. Once you and the RESP promoter have completed and signed this waiver, the promoter will have the authority to not withhold tax on the AIP transferred to your RRSP or your spouse's or common-law partner's RRSP. The promoter has to ensure that your RRSP deduction limit for the year is equal to or greater than the amount indicated on line 9 below. The promoter should keep a copy of this waiver, in case we ask to see it later.

For more information on RESPs, see Information Sheet RC4092, *Registered Education Savings Plans (RESPs)*, which is available on our Web site at www.cra.gc.ca or by calling 1-800-959-2221.

dentification								
Last name (please print)	First name and initials	First name and initials		Social insurance number				
Address								
Part of the accumulated income pay		a waiver of tax deductions						
AIP you are entitled to receive from this RESF				1				
RRSP deduction limit shown on your <i>Notice of Assessment</i> for the preceding year.				2				
3. Amount from line 1 or 2, whichever is less.				<del></del>	\$			
Allowable lifetime limit: maximum amount for			50,000	4				•
5. Total of all amounts used to reduce the amou (if applicable). This amount is the total of the at line 7 of all T1172 forms you filed for 1999	nt of additional tax payable on all AIPs re amount entered at line 5 of all T1172 for	eceived in previous years ms you filed for 1998 and		5				
6. Line 4 <b>minus</b> line 5				6				
Total of all AIPs that you contributed or had you common-law partner's RRSP so far this year to	our promoter transfer to your RRSP, or y	our spouse's or		7				1
8. Line 6 <b>minus</b> line 7		= <u>\$</u>		▶	\$			
9. Enter the amount from line 3 or line 8, which	ever is less. This is the part of the AIP o	n which the promoter is authorized to n	ot withhold tax.		. \$			
Details of transfer								
From:			\$					
Name of the RESP		RESP plan number		Am	ount tr	ansferre	ed	
			Check	k the bo	x that a	applies t		
To:			_	Your RRS	SP		our spou common-	use's or law partr
Name of the RI	₹SP	RRSP plan number					RRSP	<b>p</b>
Certification of subscriber or spous	e or common-law partner of	a deceased subscriber						
I certify that I will deduct the amount transf also certify that the issuer of the RRSP has								
Subscriber's signature (or signature o	f spouse or common-law partner of dece	eased subscriber)		Date	e			
Certification of promoter								
I certify that I have verified the subscriber's subscriber. I also certify that I will transfer a stated above and that I will report the amount	an amount that is not more than the							
Authorized person's signature				Date	9			
	Position or office							