| * | Canada Revenue<br>Agency | Agence du revenu<br>du Canada |
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| LOCATOR NUMBER |
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| 01–08          |

## APPLICATION FOR EXEMPTION FROM COVERAGE UNDER THE CANADA PENSION PLAN ON ACCOUNT OF RELIGIOUS BELIEFS

| FORM CODE | I  | Α  | RETURN TO | 2  | 9  | 7  | 5 | 0  |  |
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- For use by a person applying for exemption from payment of *self-employed* contributions to the Canada Pension Plan on account of religious beliefs and who is a member of a religious sect which has qualified for exemption.
- Three completed copies of this application are to be forwarded to your local Tax Services Office, Attention: CPP/EI Eligibility Division. One copy will be returned to you if your application for exemption is approved.
- When filing your T1 Individual Income Tax Return, enter "Religious Exemption" to the right of "Contribution payable on self-employment earnings (attach completed Schedule 8)" line 310 of your Income Tax Return.
- To be effective for the current year, this application must be received no later than December 31 of that year.

|   |  |         |  |  |   |  |   |  |  | St                                    | tater  | nen                                 | t of A   | App                       | licai                 | nt               |                                 |                 |                              |                              |                    |                     |                    |       |                       |             |               |                                |              |
|---|--|---------|--|--|---|--|---|--|--|---------------------------------------|--|-------------------------------------|--|---------------------------|-----------------------|------------------|---------------------------------|-----------------|------------------------------|------------------------------|--------------------|---------------------|--------------------|-------|-----------------------|-------------|---------------|--------------------------------|--------------|
| NAME (Pleas   | se print)  |         |  |  |   |  |   |  |  |                                       |  |                                     |  |                           |                       |                  |                                 |                 |                              |                              |                    |                     |                    |       |                       |             |               |                                |              |
| Given Names<br>and Initials                                     |  |         |  |  |   |  |   |  |  |                                       |  |                                     |  |                           |                       |                  |                                 |                 |                              |                              |                    |                     |                    |       |                       |             |               |                                |              |
| Surname   |  |         |  | Ш  |   |  |   |  |  |                                       | Ι  |                                     |  |                           |                       |                  |                                 | Ι               |                              |                              |                    |                     |                    |       |                       |             |               |                                |              |
| ADDRESS (P  | lease p  | rint)   |  |  |   |  |   |  |  |                                       |  |                                     |  |                           |                       |                  |                                 |                 |                              |                              |                    |                     |                    |       |                       |             |               |                                |              |
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| Number, Stre<br>P.O. Box or<br>R.R. No.                         | et   | Ι       |  |  | Ι   |  |   |  | Ι  |                                       | I  | Ι                                   |  |                           |                       |                  |                                 | Ι               |                              |                              |                    |                     |                    |       | I                     |             |               |                                |              |
| City  |  |         |  |  |   |  |   |  |  |                                       |  |                                     |  |                           |                       |                  |                                 |                 |                              |                              |                    |                     |                    |       |                       |             |               |                                |              |
| Province  |  | Τ       |  |  |   |  |   |  |  |                                       | T  |                                     | Τ  |                           |                       |                  |                                 |                 |                              | osta<br>Code                 |                    |                     |                    |       | Γ                     |             |               | _                              |              |
| Date of   |  | Yea     | r  | Month  |   | ay   | N 4   | orital                                       |  |                                       |  |                                     |  |                           |                       | -                | nous                            | 0'0             |                              | ,oue                         | · L                |                     |                    |       |                       |             |               | _                              |              |
| Birth   |  | $\perp$ |  |  |   |  |   | arital<br>tatus                              | <b>&gt;</b> S                                    | Sing                                  | le   |                                     | Marı   | ried                      | Ш                     |                  | pous<br>Siven                   |                 | ne                           | <b>&gt;</b> [                |                    |                     |                    |       |                       |             |               | Ш                              |              |
| ENTER YOUR  | SOCIAL I   | NSU     | RANCE  | NUMB   | ER  | <b>•</b>   |   |  |  |                                       | Т  | Τ                                   |  |                           |                       |                  |                                 |                 | Surna<br>First               |                              | etter              | s)                  | ▶                  |       |                       | Ī           |               |                                |              |
|   |  |         |  |  |   |  | 40  |  |  |                                       |  | _                                   | - 1  | 24                        |                       |                  |                                 | ,               |                              |                              |                    | ,                   |                    | 25    |                       | _           |               | 00                             |              |
|   |  |         |  |  |   |  | 16  |  |  | Е                                     | -  | <u> </u>                            | 1  |                           | т                     |                  |                                 |                 | т                            | т                            | $\overline{}$      |                     |                    |       |                       |             |               | 29                             |              |
|   |  |         |  |  |   |  | NUN   | IBER   | )  | <u> </u>                              | Ι  | Ι                                   |  |                           |                       |                  |                                 |                 |                              | Ι                            | $\Box$             |                     |                    | 20    |                       |             |               | 29                             |              |
| ENTER YOUR GIVE REASON Firs                                     |  |         |  | ACCOU  | NT N  | UMB<br>Tax   | NUN   | MBER   | )  | • [<br>_                              | <br>   | Other                               | (Specif  |                           |                       |                  |                                 |                 |                              |                              |                    |                     |                    | 20    |                       |             |               | 29                             |              |
| GIVE REASON   | IF NO IN   |         |  | ACCOU  | NT N  | UMB<br>Tax   | NUN   | IBER   | •  | ]                                     |  | Other                               | (Specif  |                           |                       |                  |                                 |                 |                              |                              | ]                  |                     |                    | 20    |                       |             |               | 29                             |              |
| GIVE REASON<br>Firs   | IF NO IN   | COM     | IE TAX   | Year of Return   | NT N<br>of Last<br>n Filed  | <b>UMB</b><br>Tax<br>19  | NUM   | _  | a me   | emb                                   |  |                                     | (Specif  |                           |                       |                  |                                 |                 |                              |                              |                    |                     |                    |       |                       |             |               | 29                             |              |
| GIVE REASON<br>Firs   | I <b>F NO IN</b><br>t Filing   | COM     | IE TAX   | Year of Return   | NT N<br>of Last<br>n Filed  | <b>UMB</b><br>Tax<br>19  | NUM   | _  | a me   | emb                                   |  |                                     | (Specif  |                           |                       |                  |                                 |                 |                              |                              |                    |                     |                    |       |                       |             |               | 29                             |              |
| GIVE REASON<br>Firs   | I <b>F NO IN</b><br>t Filing   | COM     | IE TAX   | Year of Return   | NT N<br>of Last<br>n Filed  | <b>UMB</b><br>Tax<br>19  | NUM   | _  | a me   | emb                                   | er of  | :                                   | (Specif  | fy)                       | Sect)                 |                  |                                 |                 |                              |                              |                    |                     |                    |       |                       |             |               |                                |              |
| GIVE REASON<br>Firs   | I <b>F NO IN</b><br>t Filing   | COM     | IE TAX   | Year of Return   | NT N<br>of Last<br>n Filed  | <b>UMB</b><br>Tax<br>19  | NUM   | _  | a me   | emb                                   | er of  | :<br>Name                           |  | fy)                       | Í                     |                  |                                 |                 |                              |                              |                    |                     |                    |       |                       |             | Post          | al Code                        |              |
| GIVE REASON<br>Firs   | tify that  | COM     | IE TAX   | Year of Return   | NT N<br>of Last<br>n Filed  | <b>UMB</b><br>Tax<br>19  | NUM   | _  | a me   | emb                                   | er of  | Name                                | of Reliq   | gious :                   | Sect)                 |                  | the                             | esta            | ablis                        | shed                         | d te               | nets                | s an               |       | each                  | l           |               |                                | sect         |
| firs  1. I cer  | tify that  | COM     | n at p   | Year of Return   | NT N<br>of Last<br>o Filed  | Tax<br>19<br>hav   | NUM   | een a  | ) me   | ► [                                   | er of  | Name                                | of Reliq   | gious :                   | Sect)                 |                  | the                             | esta            | ablis                        | sheo                         | d te               | nets                | s an               |       | each                  | ning        |               |                                |              |
| firs  1. I cer  since   | tify that  | I ar    | n at p   | Year of Return resent (Montage)  | nt n of Last Filed and hh)  | Tax 19 hav   | NUN<br>ER<br>'e be  | een a  | oose   | d to                                  | er of  | Name                                | of Religion of Rel | gigious adhe              | Sect)                 | t of             |                                 |                 |                              |                              |                    |                     |                    | nd te |                       |             | s of          | such                           | sect         |
| since   | eeason onettify that   | I ar    | n at p   | Year of Return resent  (Monti  | NT N f Last in Filed and and hh)  | Tax<br>19hav   | ve be   | — eeen a                                     | oseod ago  | d to                                  | (A<br>and  | Name<br>ddress<br>d arr             | of Religion of Rel | ggious statements adhered | Sect)<br>eren         | t of             | efits o                         | of a            | ny                           | oriv                         | ate                | or p                | oubl               | ic ir | sur                   | anc         | s of          | such                           | sect         |
| since by re payn 2. I cerexen 3. I the                          | eason onents in tify that  | I ar    | n at p   | Monitam cold to de beeque at I be  | nt N f Last in Filed and and hh)  | have the properties of the pro | re be   | / opp  | oseod ago  | d to<br>e or<br>eraç                  | er of  | Name  ddress d am                   | of Religions of Re | ggious adhe               | Sect)<br>eren<br>he b | ene<br>Po        | efits o                         | of a            | ny  <br>Plar                 | oriv                         | ate<br>vir         | or p                | oubl<br>of         | nd te | nsur                  | anc         | e w           | such                           | sect         |
| since by repayre 2. I cerexen 3. I the 11 or 4. I agree or exen | tify that  eeeason o nents in tify that refore refo | I ar    | n at p  ar)  nich I e ever nave i h I su est th la Pei | (Monto de la control de la con | ht N N of Last of Filed and and hh) his cie ath, een eently give blan the I | have have have have have have have have  | (Day)  (Day)  (Day)  (Day)  (Day)  (Day)  (Day)  (Day)  (Day) | / oppy, old<br>from<br>d.<br>eempy<br>ated I | oosed<br>d ago<br>cove<br>tion<br>regui<br>rvice | d to<br>e or<br>eraç<br>fror<br>latio | (A and a according to | ddress<br>d am<br>eepta<br>remonder | of Religions of Re | ggious siligious adhe     | eren he b nada        | ene<br>a Poution | efits o<br>ensions to<br>Divisi | of a on F o the | ny  <br>Plar<br>e Ca<br>with | oriv<br>n by<br>ana<br>nin ( | ate<br>vir<br>da F | or p<br>tue<br>Pen: | oubl<br>of<br>sion | nd te | nsur<br>revio<br>an p | ous<br>ours | s of apparent | hich in solication to See of a | makes on for |
| since by repayre 2. I cerexen 3. I the 11 or 4. I agree or exen | tify that  eeeason o nents in tify that refore refore refore to ne refore to ne refore the Caree to ne   | I ar    | n at p  ar)  nich I e ever nave i h I su est th la Pei | (Monto de la control de la con | ht N N of Last of Filed and and hh) his cie ath, een eently give blan the I | have have have have have have have have  | (Day)  (Day)  (Day)  (Day)  (Day)  (Day)  (Day)  (Day)  (Day) | / oppy, old<br>from<br>d.<br>eempy<br>ated I | oosed<br>d ago<br>cove<br>tion<br>regui<br>rvice | d to<br>e or<br>eraç<br>fror<br>latio | (A and a according to | ddress<br>d am<br>eepta<br>remonder | of Religions of Re | ggious siligious adhe     | eren he b nada        | ene<br>a Poution | efits o<br>ensions to<br>Divisi | of a on F o the | ny  <br>Plar<br>e Ca<br>with | oriv<br>n by<br>ana<br>nin ( | ate<br>vir<br>da F | or p<br>tue<br>Pen: | oubl<br>of<br>sion | nd te | nsur<br>revio<br>an p | ous<br>ours | s of apparent | hich in solication to See of a | makes on for |

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| I hereby<br>every res |                                      | ne and to the best of my knowledge and belief it is true and correct in |
|-----------------------|--------------------------------------|---|
|                       | Signature of Authorized Spokesperson | Telephone Number  |
|                       | Date                                 | Religious Sect Registration Number                                      |
|                       | For Canada Rev                       | enue Agency Use Only  |
|                       | ACTION                               | 30  |
|                       | CANADA PENSION PLAN EXEMPTION YEAR   | 31 32   |
|                       | CANADA PENSION PLAN REVOCATION YEAR  | 31 32   |
|                       | EXEMPTION UPDATE CODE                | 33 34   |