

Do not use this area

GROUP INCOME TAX AND INFORMATION RETURN FOR RRSP, RRIF, OR RESP TRUSTS

The sections we refer to in this return are from the *Income Tax Act*. You can find the worksheets and forms you need to complete this return on our Web site at www.cra.gc.ca or by calling 1-800-959-2221. Do not include them with this return. If you are required to pay tax under subsection 207.1(5), complete Form T2000, *Calculation of Tax on Agreements to Acquire Shares*. To report taxable income or claim a Part XII.2 tax credit, complete a *T3 Trust Income Tax and Information Return*. You can get a copy of the *T3 Trust Guide* and the *T3 Trust Forms Package* from our Web site at www.cra.gc.ca or by calling 1-800-959-2221.

Send the completed return no later than 90 days after the end of the calendar year to the Ottawa Technology Centre, 875 Heron Road, Ottawa ON K1A 1A2. If you do not file this return on time, we may impose penalties and charge interest on any amount owing.

Attach a list of all taxable RRSPs, RRIFs, or RESPs registered under this specimen plan or fund. The list must contain the annuitant's or subscriber's name and social insurance number, and the annuitant's or subscriber's plan or fund number. For each annuitant, show the amount of tax and the type of tax. For RRSPs, RRIFs, and RESPs which are not taxable, a list containing the annuitant's or subscriber's name and social insurance number must be available if we request it.

I am completing this return for a group of (check one):			RRSPs <input type="checkbox"/>	RRIFs <input type="checkbox"/>	RESPs <input type="checkbox"/>
Name of specimen plan or fund				Specimen plan or fund approval number	
Name of trust company		Telephone number ()		Trust account number	
Trustee's address		Address to send notice or correspondence (if different from trustee's address)			
Address where the trust keeps its books and records (if different from trustee's address)		Calendar year for this return	Province or territory of residence of the plan or fund		
		Specimen plan's or specimen fund's total assets as of December 31 of the calendar year			
		700 \$ _____			

Specimen plan or fund information

Number of RRSPs, RRIFs, or RESPs conforming to the specimen plan or fund as of December 31 of the previous year.	711		_____	1
Number of new RRSPs, RRIFs, or RESPs conforming to the specimen plan or fund entered into in the year that are, or will be, registered.	712	+	_____	2
Number of RRSPs, RRIFs, or RESPs already registered that were transferred to, or amalgamated with, the specimen plan or fund by an amendment in the year.	713	+	_____	3
Add lines 1 to 3. This is the total number of RRSPs, RRIFs, or RESPs under this specimen plan or fund during the calendar year.	714	=	_____	4
Number of RRSPs, RRIFs, or RESPs for which registration was terminated during the year (include RRSPs, RRIFs, and RESPs transferred under subsections 146(16), 146.1(6.1), 146.3(14), 146.3(14.1) or transferred to another approved specimen plan or fund by an amendment).	715	-	_____	5
Line 4 minus line 5. This is the total number of RRSPs, RRIFs, or RESPs under the specimen plan or fund as of December 31 of the calendar year.	716	=	_____	6

Additional specimen plan or fund information

Number of RRSPs, RRIFs, or RESPs from line 4 that are taxable under subsections 207.1(1), (3), (4) or (5).	717		_____	7
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If line 7 is greater than zero, complete the summary of tax or refund below.

Summary of tax and refund

Tax under subsection 207.1(5) on agreements to acquire shares (from Form T2000 on our Web site)	140	+	_____	8
Tax under subsections 207.1(1), (3), or (4) on non-qualified investments (from Worksheet T3GR-WS on our Web site)	150	+	_____	9
Total tax payable (add lines 8 and 9)	190	=	_____	10
Minus: Payments on account	010	-	_____	11
Balance owing or refund (line 10 minus line 11)	090	=	_____	12
Generally, we do not charge or refund \$2 or less.				
Amount enclosed	095	=	_____	13

Payment: Attach a cheque or money order payable to the Receiver General. Do not mail cash.

Certification

I, _____, of _____

Print name Address

certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature of trust company official Date

Position or title