



CERTIFICATION OF NO TAX LIABILITY BY A GROUP OF RRSPs, RRIFs, OR RESPs

For information about this form, see Information Circular 78-14, *Guidelines for Filing Forms T3IND, T3G, T3D, T3P, T3RI, and T3F*. In some cases, you may have to file Form T3IND *Income Tax Return for RRSP, RRIF, or RESP* instead of this form.

If you determine that you can use this form, file it within 90 days of the end of the taxation year. Send the completed form to the Ottawa Technology Centre, Ottawa ON K1A 1A2.

I am completing this 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		
Address		
Telephone number	Total number of RRSPs, RRIFs, or RESPs that existed under the specimen as of December 31 of the taxation year (from line 6 below)	Taxation year

Number of RRSPs, RRIFs, or RESPs conforming to the specimen as of December 31 of the prior year.	_____	1
Number of new RRSPs, RRIFs, or RESPs conforming to the specimen entered into in the year that are, or will be, registered.	+ _____	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.	+ _____	3
Number of RRSPs, RRIFs, or RESPs for which a return is required (total of lines 1 to 3)	= _____	4
Number of RRSPs, RRIFs, or RESPs for which registration was terminated during the year (include RRSPs or RRIFs transferred under subsection 146(16) or 146.3(14) of the <i>Income Tax Act</i> , or transferred to another approved specimen by an amendment)	- _____	5
Total number of RRSPs, RRIFs, or RESPs that existed under the specimen as of December 31 of the taxation year.	= _____	6
Amount from line 4.	_____	7
Number of RRSPs, RRIFs, or RESPs for which individual T3IND returns were filed.	- _____	8
Number of RRSPs, RRIFs, or RESPs for which this form is being filed (line 7 minus line 8)	= _____	9

Note
A list of the RRSPs, RRIFs, or RESPs for which this form is filed for the taxation year must be available if we request it. The list has to show the annuitant's name and social insurance number. Do not attach the list to this form.

Certification

I, _____, of _____
Print name Address

certify that the information given on this form is, to the best of my knowledge, correct and complete. I certify that the group of trusts for which I am filing this form has no tax liability for the taxation year, or has a tax liability of less than \$2.00. I also certify that all plans included meet the definition of a "Group of Trusts" in the taxation year for which the form is filed.

Signature of trust company official

Date (yy-mm-dd)

Position or office

Telephone number