



INDIVIDUAL INCOME TAX RETURN FOR REGISTERED EDUCATION SAVINGS PLANS OVER-PAYMENTS

- For use by an individual who is required to pay tax under part X.4 of the Income Tax Act on over-payments to Registered Education Savings Plans.
- A separate form must be completed for each beneficiary of a registered education savings plan for which you are the subscriber but you calculate the total tax on all excess amounts on only one form.
- You must file form T1E-OVP within 90 days after the end of the year in which the excess arose and every year thereafter during which the excess remains. Where a return is required to be filed for 1990, that return is due to be filed and payment of the required Part X.4 tax is required to be made by March 16, 1992.
- Penalties may be imposed if this return is not filed by the due date. Unpaid taxes bear interest at a prescribed rate.

HOW TO DETERMINE IF EXCESS PAYMENTS HAVE BEEN MADE TO THE REGISTERED EDUCATION SAVINGS PLANS FOR A PARTICULAR BENEFICIARY

- The law requires the promoter of every registered education savings plan entered into after March 31, 1991 to inform the named beneficiary (or the parent with whom a named beneficiary who is under 19 ordinarily resides) in writing of
 - the existence of the plan, and
 - the name and address of the subscriber.

Although there was no requirement for the promoter to provide such advice for plans entered into before April 1, 1991, the subscriber probably will have advised the beneficiary or the parent that such a plan was established.

- As a subscriber to a registered education savings plan, you are responsible for determining whether other plans exist for the same beneficiary.
- If other plans exist, obtain the following information for each such plan:
 1. The name of the plan
 2. The contract number of the plan
 3. The name and address of the subscriber
 4. The total of all payments into the plan before February 21, 1990
 5. The amount of each payment into the plan after February 20, 1990 and before the beginning of the taxation year

6. The date and amount of each payment made during the taxation year
7. The date and amount of each withdrawal made during the taxation year
8. Whether the plan was subject to an agreement in writing entered into before February 21, 1990 requiring periodic payments of specified amounts if at least one such payment was made before February 21, 1990. If so, also obtain the following information.
 - the date and amounts paid during the taxation year under such an agreement, and
 - the date and amounts of any other payments made into the same plan.

9. If the plan is one for which the named beneficiary was changed during the taxation year, you must also obtain the same information for every year since the plan was entered into.

T1E-OVP returns (or amendments to those already filed) may be required for the new beneficiary for all years beginning with 1990 or the year of the first payment into the plan, whichever is later.

- Complete Areas I, II and III of form T1E-OVP. If the total payments calculated for Part 2, Area II exceed the amount calculated on line 9 in Area III, an excess exists.

TRANSFERRING BETWEEN PLANS

- You may transfer funds directly from one plan to another plan for the same beneficiary if the terms of the plan permit such transfers.
- Payments into the new plan may only be made within the 21 years following the earlier of the year in which the new plan was established or the year in which the transferor plan was established.
- In completing form T1E-OVP for the year of a transfer, record

the requested information for the transferor plan as well as for the new plan. Do not include the amount of the transfer as a payment into the new plan.

- In the year subsequent to a transfer, the payments into the transferor plan that were transferred to the new plan must be included in the amounts shown on lines 2 and 3 in Area III even though the transferor plan is not listed in Area I.

CHANGING THE NAMED BENEFICIARY

- All payments made into the plan for the former beneficiary must be recorded on any form T1E-OVP completed in respect of that beneficiary. If the plans for the former beneficiary are in an excess position at the time of the change in the named beneficiary, that excess will continue to exist. You can only eliminate that excess by withdrawing a similar amount from the plan.
- All payments made into the plan that are not withdrawn before

changing the beneficiary are considered to have been made into the plan for the new beneficiary. They affect both the annual and life-time maximum payments that may be made into both the former and new beneficiaries' plans. Before you change the named beneficiary for a plan you should determine if the change will result in an excess in the new beneficiary's plans. If the new beneficiary's plans will be in an excess position in any year you should consider withdrawing the portion of the payments creating the excess before changing the named beneficiary.

WITHDRAWALS

- Always apply withdrawals against a prior year excess before applying them against a current year excess in Area IV.
- Remember, withdrawals do not reduce the total of the payments made to a plan.

- Withdrawals from a plan to reduce or eliminate excess payments in respect of a former beneficiary do not reduce the total of the payments transferred to a new beneficiary. However, they may also reduce or eliminate excess payments in respect of the new beneficiary.



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Family or Last Name	First Name and Initials	Social Insurance Number
Complete Address		Taxation year 19 ____

AREA I — BENEFICIARY INFORMATION

Name of Beneficiary	Address of Beneficiary	Social Insurance Number of Beneficiary (if available)			
List of all registered education savings plans for this beneficiary including the plan to which you are subscribing (if more space is needed, attach a separate list)					
No.	Name of Plan	Contract Number of Plan	Name of Subscriber	Complete Address of Subscriber	Social Insurance Number of Subscriber (if available)
1.					
2.					
3.					
4.					
If any of the plans are subject to agreements in writing entered into before February 21, 1990 under which periodic payments of specified amounts were required and at least one payment was made under the agreement before February 21, 1990, please enter the contract numbers of those plans:					

AREA II — RECORD OF PAYMENTS TO ABOVE BENEFICIARY'S PLANS

Part 1 - Payments made pursuant to written agreements entered into before February 21, 1990 requiring periodic payments of specified amounts where at least one payment was made under the agreement before February 21, 1990				Part 2 - Other Payments			
Date of Payment day/month/year	Contract Number of Plan	Name of Subscriber	Amount of Payment	Date of Payment day/month/year	Contract Number of Plan	Name of Subscriber	Amount of Payment
			\$				\$
Total Payments			\$	Total payments			\$

AREA III — PAYMENT LIMIT FOR PLANS REGISTERED IN THE ABOVE BENEFICIARY'S NAME

1. Maximum lifetime limit	\$31,500	(1)
2. Total of all amounts paid by me and all other subscribers to all plans before February 21, 1990 (if amount exceeds \$31,500, enter \$31,500)		(2)
3. Total of all amounts paid by me and all other subscribers to all plans after February 20, 1990 and before the beginning of the taxation year (for the 1990 taxation year, enter "0")	+	(3)
4. Total payments to all plans at the beginning of the year (line 2 plus line 3)	=	(4)
5. Balance of lifetime limit available at beginning of the year (line 1 minus line 4)		(5)
6. Annual limit		<u>\$1,500</u> (6)
7. Lesser of the amount on line 5 or line 6		(7)
8. Total of all amounts paid in the taxation year (and after February 20, 1990 for the 1990 taxation year) by me and all other subscribers to all plans pursuant to agreements in writing entered into before February 21, 1990 under which periodic payments of specified amounts were required where at least one payment was made under the agreement before February 21, 1990 (Total payments for Part 1, Area II)		(8)
9. Maximum allowable payments excluding amounts described at line 8 (line 7 minus line 8. If negative, enter 0)		<u> </u> (9)

Family or Last Name	First Name and Initials	Social Insurance Number
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Name of Beneficiary: _____

AREA IV — CALCULATION OF AMOUNT SUBJECT TO TAX

Complete this area if:

- the "Total payments" for Part 2, Area II exceed the amount calculated on line 9 in Area III, or
- an excess amount remained in the above beneficiary's plans at the end of the prior taxation year.

Part 1 – Prior year excess

For the month of	(a) Amounts withdrawn by me during the month	(b) My prior year excess at the end of the month [(b) for previous month minus (a)]
December of prior year		\$ _____
January	\$ _____	
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Prior year excess subject to tax		= _____ (10)

Note: The amount to be entered in column (b) for December of prior year is the total of the December entries in column (b), Part 1 and column (i), Part 2 from all forms TIE-OVP completed in respect of the beneficiary named above for the prior year.

Part 2 – Current year excess

For the month of	(a) Payments from Part 2, Area II made by me during month	(b) Total payments by me during the year to end of month [(a) plus (b) for previous month]	(c) Payments from Part 2, Area II made by other subscribers during month	(d) Total payments by other subscribers during the year to date [(c) plus (d) for previous month]	(e) Excess at end of month [(b) plus (d) minus Line 9, Area III]	(f) My share of excess [(b) divided by the total of (b) plus (d) times (e)]	(g) Amounts withdrawn by me during the month	(h) Total amounts withdrawn by me during the year to date [(g) plus (h) for previous month]	(i) Amount subject to penalty tax (if negative, enter 0) [(f) minus (h)]
January	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Current year excess subject to tax									\$ _____ (11)

Total excess amounts subject to tax for above beneficiary (line 10 plus line 11) \$ _____ (12)

AREA V — CALCULATION OF TAX (Complete only once for all forms completed)

Total from line 12, Area IV, of all forms completed \$ _____ (13)

Tax: 1% of total from line 13 \$ _____ (14)

Amount enclosed \$ _____ (15)

I hereby certify that the information given on this form is true, correct and complete in every respect.

Signature _____

Date _____

Telephone Number _____