



Endowment 150

A Vancouver Foundation Program
溫哥華基金會服務計劃

協助殘障人士為未來儲蓄

Endowment 150計劃願意一次過送給合資格的殘障人士\$150，幫助他們的註冊殘障儲蓄計劃[Registered Disability Savings Plan(RDSP)]增長。這份\$150的禮物，加上聯邦政府的補助金和債券，是會增值的，幫助您為自己或有殘障的親人的未來儲蓄。

誰可以申請

- 殘障人士，是卑詩省居民，並於2008年1月1日後曾經領取省入息補助(provincial income assistance)
- 殘障兒童，是卑詩省居民，父母或監護人在2008年1月1日後曾經領取省入息補助

要領取Endowment 150

- 您必須符合領取聯邦殘障退稅津貼[Federal Disability Tax Credit (DTC)]的資格
- 您必須提供RDSP戶口號碼，並附上存款\$25以上的證明 – 申請時一併遞交收支記錄副本或銀行開具證明

下一步

1. 如果您符合上述條件，請填寫背頁表格，寄往下列地址：

Endowment 150, c/o Vancouver Foundation
555 West Hastings Street
Harbour Centre, PO Box 12132
Vancouver, BC V6B 4N6

2. 如果您現時因為沒有聯邦殘障退稅津貼[Federal Disability Tax Credit (DTC)] 或沒有註冊殘障儲蓄計劃[Registered Disability Savings Plan(RDSP)]而不符合申請資格，請使用下列的資源查詢有關計劃：

聯邦殘障退稅津貼

Federal Disability Tax Credit

網址：www.cra-arc.gc.ca/disability

電話：1.800.959.8281

註冊殘障儲蓄計劃

Registered Disability Savings Plan

網址：www.rdsp.com

電話：1.800.622.6232

需要更多資訊？

Endowment 150

網址：www.endowment150.ca | 電郵：info@endowment150.ca | 電話：1.888.707.9777

vancouver
foundation

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Endowment 150 APPLICATION FORM

申請本會給閣下RDSP戶口的\$150一次過贈款，請填妥下列表格，郵寄到溫哥華基金會(Vancouver Foundation，地址：555 West Hastings Street, PO Box 12132, Harbour Centre, Vancouver BC, V6B 4N6)，並請附上持有RDSP戶口，結存為\$25以上的證明。如果您符合資格，本會將寄上\$150讓您存入您的RDSP戶口內。任何資料錯漏都會延誤批核過程，敬請留意。申請表格必須以英文填寫。

Step One You (or the person you are applying for) must meet ALL the following criteria (please check):

- Received income assistance from the BC Ministry of Housing and Social Development (MHSD) after January 1, 2008
- Eligible for the Disability Tax Credit (DTC)
- Currently reside in BC
- Can provide a RDSP number and verification of a minimum \$25 deposit – a copy of a transaction record or bank confirmation must be included with your application

Step Two Complete section a or b, whichever applies to you.

a. If you are a person with a disability and have a RDSP in your own name, complete this section.

.....
Your First and Last Name

.....
Date of Birth (mm/dd/yy)

.....
Social Insurance Number (SIN)

.....
Mailing Address

.....
City

.....
BC

.....
Postal Code

.....
Phone

.....
RDSP Number (required)

.....
Financial institution where RDSP is held (required)

b. If you hold a RDSP on behalf of a minor or person with a disability, complete this section.

.....
Your First and Last Name or Agency or Public Department

.....
Relation to applicant (legal parent, guardian, institution, etc.)

.....
Date of Birth (mm/dd/yy)

.....
Social Insurance Number (SIN)

.....
Mailing Address

.....
City

.....
BC

.....
Postal Code

.....
Phone

.....
Beneficiary First and Last Name

.....
Beneficiary Social Insurance Number (SIN)

.....
Beneficiary Date of Birth (mm/dd/yy)

.....
Mailing Address if different from above City

.....
BC

.....
Postal Code

.....
Phone

.....
RDSP Number (required)

.....
Financial institution where RDSP is held (required)

Step Three Sign the Disclosure Statement below.

- I certify that the information provided in this application is true, correct and complete to the best of my ability.
- I authorize Vancouver Foundation to disclose this information to:
 - Ministry of Housing and Social Development (MHSD) to confirm receipt of income assistance;
 - Human Resources and Skills Development Canada (HRSDC) for reporting purposes.

.....
Signature of RDSP Holder

.....
Date