

[Your Name]
[Your Address]
[City, Province, Postal Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Address]
[City, Province, Postal Code]
Subject: RDSP Beneficiary Designation
Dear [Recipient's Name],
I, [Your Full Name], hereby designate the following individual as the beneficiary of my Registered Disability Savings Plan (RDSP) as permitted under the applicable regulations:
Beneficiary Information:
Name: [Beneficiary's Full Name]
Date of Birth: [Beneficiary's Date of Birth]
Relationship: [Your Relationship to the Beneficiary]
Address: [Beneficiary's Address]
Should the primary beneficiary predecease me or be unable to receive the benefits of the RDSP, I designate the following individual as the alternate beneficiary:
Alternate Beneficiary Information:
Name: [Alternate's Full Name]
Date of Birth: [Alternate's Date of Birth]
Relationship: [Your Relationship to the Alternate Beneficiary]
Address: [Alternate's Address]
This designation can be updated or revoked at my discretion. Please update your records accordingly.
Thank you for your attention to this matter.
Sincerely,
[Your Signature]
[Your Printed Name]