Trust account number

Name of trust

First name of trustee

Joint Election for a Trust to be a Qualified Disability Trust

Use this form if the trust is a testamentary trust that arose on the death of an individual and is jointly electing with one or more beneficiaries under the trust (called an electing beneficiary) to be a qualified disability trust for the year. If the trust was a qualified disability trust in a previous tax year and is subject to the recovery tax under paragraph 122(1)(c) of the Income Tax Act, complete Form T3QDT-WS E, Recovery Tax Worksheet.

In addition to filing a completed copy of this form with the T3 return of the tax year, the trust has to satisfy the following conditions to be a qualified disability trust:

- the trust must be factually resident in Canada for the trust year (that is, determined resident without regard to section 94 of the Act);
- the trust is **not** subject to the recovery tax for the year;
- · each electing beneficiary must be named as a beneficiary by the particular individual in the instrument under which the trust is created;
- each electing beneficiary must, for the beneficiary's tax year in which the trust's year ends, be an individual who is eligible for the disability tax credit (that is, an individual with a severe and prolonged impairment in physical or mental function and for whom the certification required for the disability tax credit has been filed with the Canada Revenue Agency);
- no beneficiary who elects with the trust to be a qualified disability trust for the year can elect with any other trust for that other trust to be a qualified disability trust for its tax year that ends in the beneficiary's tax year.

Last name of trustee

			l ax year
ddress of the trustee			Year Month D
ecting beneficiaries who have met formation, see Income Tax Folio S1			ax credit. For more
(1) Name of the electing beneficiary	(2) Social insurance number of the electing beneficiary	(3) Is the electing beneficiary a beneficiary under any other trust? If yes , provide the trust account number in column 4.	(4) Trust account number (if yes in column 3)
The named trust and beneficiary(ies) mentioned subsection 122(3) of the Act, for the tax year. For the trust, the trustee or authorized person:*		ve the trust be a "qualified disability th	
Print name	Position or title	Trustee's or authorized person's sig	gnature Year Month Day
Beneficiary(ies) or legal representative:*			
Print name	Beneficiary's or legal representative's signature		Year Month Day
D:			
Print name	Beneficiary's or lega	al representative's signature	Year Month Day
Print name	Beneficiary's or lega	al representative's signature	Year Month Day
			1 1

*Attach a separate sheet if necessary.

Print name

See the privacy notice on your return.

Month Day

Year

Beneficiary's or legal representative's signature