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CALU Report

Providing for the Disabled Beneficiary[1]

by Wolters Kluwer Limited

In 2012 almost 14% of Canadians described themselves as having a disability.[2] The Income Tax Act[3] recognizes that individuals with a disability require additional resources to meet the needs of daily living and the tax system is used to facilitate support to those Canadians in a variety of ways.

While not all of the almost 4 million Canadians who identify themselves as having a disability[4] will qualify for the support the Act provides, there is no question that a significant portion of our population does benefit from these rules. And this number will only grow as the population ages.

This article will discuss the rules governing deductions and credits that flow from disability, as well as other tax-delivered support provided to the disabled, both during the supporting person's lifetime and as part of their estate plan.

What does it mean to be disabled?

Just as individuals vary in their conditions, the Act recognizes several categories of disability. "Mental or physical impairment" is the phrase used to describe the most severe disabilities. Impairment in this sense must be certified by a qualified practitioner, using form T2201, which is submitted to the Canada Revenue Agency (CRA). The criteria for qualifying as disabled in this sense are spelled out in detail.[5] In this article we refer to those who qualify under these provisions as "disabled".

"Infirmity" – or "dependency by reason of infirmity" – is a weaker test that also provides special income tax relief. Unlike disability, there are no statutory rules which define whether a person is infirm so that the determination is generally based on the facts, although financial dependency due to infirmity is often measured by an objective test. In certain circumstances infirmity must be attested to by a third party.

The tax rules dealing with disability require that an individual be *markedly restricted in a basic activity for daily living for a prolonged period*. The restriction can be either physical or mental and a blind person is markedly restricted by default. Restriction is evidenced by requiring an inordinate amount of time to perform the related activity. A person may also be found to be markedly restricted where he or she would have been markedly restricted but for life-sustaining therapy.[6]

An individual may also be found to be disabled if he or she is *significantly restricted* in performing more than one activity for daily living and the cumulative effect amounts to being *equivalent to markedly restricted*.[7]

Disability will be prolonged if it is anticipated to last for a continuous period of 12 months.[8] The CRA has given some guidance in how it interprets these rules in practice:

- It is CRA's view that time spent is inordinate if the activity involved would not be undertaken if it were

not for the fact that the activity is basic.[9] The T2201 form indicates that time is considered to be inordinate if it is three times the normal time required to complete the activity;

- The determination of whether the disability is prolonged must be made when the practitioner completes the certification (see below). If the practitioner is completing the certification after the person died, and death was less than 12 months after the onset of the condition, it cannot have been prolonged[10]. However, if the patient dies within 12 months of on-set, this alone will not indicate that the disability was not prolonged;[11]
- Dialysis is not viewed to be a "life-sustaining therapy" and an individual on dialysis who can live more-or-less normally as a result is still disabled;[12]
- The CRA believes that an individual is markedly restricted in performing an activity if the individual cannot perform it, or takes an inordinate amount of time to perform it, 90% or more of the time.

Form T2201 and Practitioner Certification

The T2201 form comes in two parts. Other than the introductory identification section, the form is to be completed by the practitioner certifying the disability. The professional qualifications of a practitioner who is eligible to complete the form vary with the nature of the disability. For example, if the disability relates to hearing, either a medical practitioner or a speech-language pathologist is appropriate; if the impairment relates to elimination, only a medical practitioner will do. The CRA accepts that fees paid to a practitioner for completing the T2201 qualify for the medical expense credit.[13]

In practice, it is not unusual to encounter individuals who clearly have prolonged and more or less debilitating problems but who do not qualify as being disabled under these rules. This is particularly true for individuals who have a learning disability. These individuals may well be able to speak, hear, walk, dress themselves and so on, but will also clearly need professional support for much of their lives. Generally, such individuals are not found to be disabled.

Another commonly encountered problem arises where the practitioner certifying the application does not read completely or does not understand the criteria, and fails to define a prolonged disability that will qualify. This can often be the case when dealing with a practitioner who is highly specialized and who views a patient through a fairly narrow lens. A process of back and forth with the CRA follows, not always ending in a way the taxpayer believes to be equitable.

Form T2201 is to be filed with the return for the first year in which the disability credit is claimed. It is not necessary to wait until the return is filed to get approval and it is a good idea to file Form T2201 in advance, so the CRA's views can be obtained before the related return is filed.

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Tax Consequences of Being Disabled

The Disability Credit

The non-refundable disability tax credit can only be claimed for a person whose disability has been confirmed by the CRA on the submission of Form 2201.

The basic credit is available to any disabled person.[14] Where he or she has not turned 18 by the end of the taxation year, the basic credit is increased, but the increase is limited to the extent amounts have been deducted with respect to the disabled person either as a child care expense,[15] a disability support deduction[16] or have been included in an amount claimed as a medical expense credit.[17]

A rather convoluted rule denies the availability of the disability credit where a medical expense credit is claimed for attendant care or care in a nursing home for the disabled person. However, care payments of up to $10,000 a year ($20,000 in the year of death – collectively, the “dollar limit”) – whether in a nursing home or not – can be included in a medical expenses credit claim without affecting the disability credit claim.[18]

This rule merits a few comments. First, although the description of attendant care[19] which qualifies for the medical expense credit refers to total amounts paid for attendant care not exceeding the dollar limit, the CRA interprets the provision as not affecting the disability credit so long as the amount claimed does not exceed the dollar limit. Thus, for example, a disabled taxpayer who pays $15,000 for qualifying attendant care, but only includes $10,000 in his or her medical expense credit claim, is still able to claim the disability credit.

Second, it is clear that where total payments for care exceed the total of the dollar limit and the amount on which the disability credit it claimed, it is better to include the total payments for care in the medical credit and forgo the disability credit (which is optional – it need not be claimed in any given year). Certain other provisions allowing a medical expense credit for care –in a nursing home[20] or in-home care[21] – require that the care be full-time.

Finally, note that the medical credit is claimed by the person who pays for the attendant care and the cost will qualify if the patient receiving the care is the payer’s spouse/partner or minor child.

Transfer of the Disability Credit

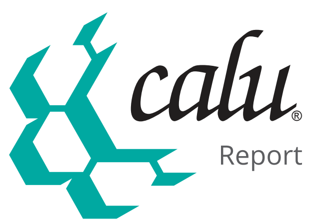
The disability credit can be transferred to another taxpayer, to the extent it is not needed to eliminate the tax of the disabled person. The transfer can be made to the disabled person’s spouse/partner.[22] Note that attendant care up to the dollar limit can be claimed in the medical expense credit of the spouse who is not disabled and need not be used first against the tax of the disabled person.

The unused disability credit may also be transferred to a supporting person in certain circumstances.[23] Whether a transferee is a supporting person is a question of fact, turning both on the type of support given and on the disabled person’s ability to provide for him- or herself.

This transfer is contingent on the supporting person having claimed a credit for the disabled person as an equivalent-to-spouse, for home-care as a relative, or as a related dependent adult, or, if the disabled person’s income eliminates these claims, on having been able to make a claim if the disabled person had no income.

The transfer is not permitted if the disabled person has a spouse and that spouse claims any personal credit with respect to the disabled person.

There is no requirement that the disabled person file a tax return before the disability credit can be transferred. Where no return is filed the CRA will normally seek supporting documentation from the transferee.



Medical Expense (ss. 118.2(2))	Relationship to disability credit
Full-time care by an attendant or in a nursing home	Disability credit cannot also be claimed
Attendant care not in excess of dollar limit (b.1)	Disability credit can be claimed
Group home care or supervision (b.2)	Disability credit can be claimed
Therapy (l.9)	Therapy cannot be claimed if the disability credit is denied because of the claim for care
Design of a therapy program (l.92)	Design costs can be claimed even if the disability credit is denied because of the claim for care

Medical Expense Credit

As shown in the table above, certain outlays can only be included in the medical expense credit claim if they relate to care for a disabled person. Some of these are not available where the disability credit cannot be claimed because of the medical credit claim for attendant care.

Home Accessibility Tax Credit

Starting in 2016 a non-refundable credit will be available for up to $10,000 of costs incurred annually in improving accessibility to a home for a "qualifying individual". That term is defined to include a disabled individual.[24]

Other Matters

The maximum amount on which the children's arts tax credit can be claimed is increased where the child is disabled.[25] A similar increase is provided for the refundable child fitness tax credit.[26]

A disabled student need not be in full-time attendance in order to claim the tuition and textbook credits available to full-time students.[27]

An employee is not taxed on the benefit enjoyed by employer-provided transportation, or a reasonable allowance to pay for such transportation, where the employee is blind, or is entitled to the disability credit due to a mobility impairment (or would be entitled to the credit, save for the denial of the credit due to attendant care). A similar exclusion is provided for any disabled person where the employer provides an attendant to assist in the performance of employment duties.[28]

The annual dollar limit for deductible child care expenses is increased where the disability credit can be claimed with respect to the child.[29]

Infirmity

The Act does not contain a definition of "infirmity" and, indeed, a number of terms are used to describe physical or mental limitations which do not rise to the level of disability but which generate special tax treatment. Many provisions of the Act apply only to those who are infirm or are modified where the taxpayer is infirm.

Personal Credits

A taxpayer may be able to claim a personal credit for providing in-home care for an adult relative. The credit is available if the dependent is a parent or grandparent who is 65 or older. Where support is provided for an adult child, no matter where resident, or a more-distant Canadian-resident

relative, the credit is available provided these individuals are dependent on the taxpayer by reason of mental or physical infirmity.[30]

Dependency by way of mental or physical infirmity increases the amount on which this credit is calculated. It also increases the amount on which the wholly dependent person credit, the general credit for a dependent adult and the child amount can be claimed. It is notable that although the child credit has been repealed, effective for 2015, a truncated form of the credit had to be retained in order to ensure the increased amount for a dependent child could still be claimed. As with a disabled student, a student with an infirmity is entitled to claim the education and textbook credits using the amounts that apply to full-time students, whether in full-time attendance or not. Here, the infirmity requires written confirmation from a suitably qualified practitioner.[31]

Medical Expenses

The table below sets out just a few of the expenditures which qualify for inclusion in the medical expense credit where the taxpayer is infirm. In some cases, the claim must be supported by a written certification from a medical practitioner that the related outlay is required. This certification is not an application for a disability certificate but simply takes the form of a communication from the practitioner.

Deductions

The disability supports deduction is provided to individuals who pay for assistance in earning employment income or carrying on a business, attending school or carrying on grant-funded research. This provision itemizes seventeen different potential infirmities (some overlap) and the types of assistance whose cost qualifies for the deduction.[32]

Certain costs which might otherwise be on capital account are fully deductible in computing business or property income where they are designed to assist the infirm (e.g., Braille elevator pads).[33] Similarly, a landlord can deduct certain costs designed to improve access for those with a mobility impairment.[34]

Medical Expense (ss 118.2(2))	Certification?
Full-time attendant Care in residence (c)	Medical practitioner certification required
Full-time nursing home care due to lack of mental capacity (d)	Medical practitioner certification required
Care and/or training for a handicapped person (e)	Requires certification from an "appropriately qualified person", an undefined term
Costs related to a care animal for someone who is blind, profoundly deaf or suffers from other named infirmities (l)	None specified
Dwelling renovations for a patient lacking physical development or having a mobility impairment (l.2)	None specified
Incremental construction costs for the principal residence of a similar person (l.21)	None specified
Rehabilitative therapy for hearing loss (l.3)	None specified

Providing for the Disabled Beneficiary – Other Planning Tools

A supporting family member can provide for a disabled dependent both by saving during the family member's lifetime and through his or her estate.

Planning tools available during the lifetime of the supporting person include using a discretionary trust, particularly if it is coupled with the preferred beneficiary election, and establishing a RDSP. Estate planning will consider establishing a qualified disability trust under a will and planning for the rollover of an RRSP or certain other registered plans for the benefit of the disabled person. These planning tools are reviewed in more details below.

Discretionary Trusts and the Preferred Beneficiary Election.

There are many reasons unrelated to tax for considering using a discretionary trust for a disabled or infirm dependent. Not the least of these is the ability to interpose a third party (the trustee) to manage the capital intended to provide for the beneficiaries of the arrangement. This is particularly important where the beneficiary lacks the ability or discipline to manage the funds. In certain jurisdictions, the fact that the beneficiary's interest in the trust is discretionary may allow the beneficiary to continue to qualify for means-tested government support programs (so-called "Henson trusts").

The Act includes provisions which treat such trust relationships favourably. In computing its income a trust normally deducts amounts paid or payable to a beneficiary and the beneficiary takes that amount into income.[34] Where the beneficiary is a "preferred beneficiary", an election can be made which includes the income in the hands of the beneficiary and allows a deduction to the trust, notwithstanding that it is not paid or payable.[36] The election must contain prescribed information and is due no later than the due date for the T3 return for the trust.[37]

A beneficiary is preferred if he or she is the settlor of the trust, the settlor's spouse/partner or the child, grandchild or great-grandchild of the settlor or the settlor's spouse/partner, and either:

- the individual is disabled – i.e., the individual's disability certificate has been approved by the CRA, or
- if the individual is 18 or older and is dependent on another person for support – a question of fact – and has income for the year not in excess of the personal credit amount – an objective test.[38]

Where the preferred beneficiary's interest in the trust is not contingent on the death of another beneficiary who has a capital interest but not an income interest in the trust, the elected amount can be anything up to the trust's accumulating income.[39]

Typically the trust is established solely for the purpose of providing for the disabled person, so that he or she will be the only income beneficiary. The election is available, however, where the trust has other beneficiaries that are not preferred beneficiaries. Some thought must then be given to the election if the trust agreement provides that the retained capital may not all accrue to the electing beneficiary. In addition, as a preferred beneficiary may be a designated person with respect to the settlor – a spouse or non-arm's-length minor – the income attribution rules will normally apply.

Although an *inter vivos* trust is subject to tax at the top marginal tax rate, establishing an *inter vivos* trust for an adult preferred beneficiary who has little or no income effectively allows the trust's accumulating income to be eligible for marginal tax rates: the income is taxed in the beneficiary's hands as a result of the election, However, the income is actually retained and added to the trust's capital for re-investment, to

be distributed without tax as a capital distribution to or for the benefit of that beneficiary in the future. However, the election is of use only where the trustees have discretion in paying income and encroaching on capital.

Registered Disability Savings Plans[40]

Registered Disability Savings Plans (RDSPs) were first introduced in 2008 but have not proven to be particularly popular, even though most financial institutions now offer these plans. In a 2013 article, CBC News noted that fewer than 70,000 plans had been opened, although it is estimated that 500,000 individuals qualify to participate in this type of plan.

The Department of Finance (Finance) estimated that in 2014 the federal government's lost revenue in not taxing the income accumulating in RDSPs was some $8 million, a confirmation that the uptake has not been great. Clearly, where an RDSP is considered to be appropriate, the earlier it is established the better.

An RDSP invests and earns income without tax for the purpose of making future payments to the beneficiary. Contributions to an RDSP are not deductible. However, contributions do attract the Canada Disability Savings Grant (CDSG), federal government funding to an RDSP which varies with family income and is based on contributions made to the RDSP. An RDSP established by a lower income family may also qualify for the Canada Disability Savings Bond (CDSB). CDSGs and CDSBs are not provided to a plan where the beneficiary is 49 or older.

RDSPs are intended to provide for those with long-term disabilities. Consequently, there is a holdback provision with respect to CDSGs and CDSBs received by the plan and the earnings that accrue on these amounts (the "assistance holdback amount"[41]), which may be triggered if the plan is accessed prematurely. If any amount is distributed to a beneficiary within 10 years of the receipt of a grant or bond – for example, after turning 49 but before turning 60 – these amounts must be repaid using rules which depend on the value of the plan, the timing of when assistance was received, and the amount being withdrawn. Similar repayment provisions apply if the beneficiary ceases to be disabled, ceases to be resident, or dies.

Generally, the person who establishes the plan is described as the plan "holder". Contributions to an RDSP can only be made by the plan holder or with the holder's consent. There is no limitation on who can provide the contribution funds so that an RDSP can be funded by anyone with the consent of the holder.

Where the disabled beneficiary has not attained the age of majority, the RDSP can be established by a parent, legal guardian, or public institution authorized to represent the beneficiary. If the beneficiary has attained the age of majority and is competent, it is the beneficiary who opens the plan. If the beneficiary has attained the age of majority but is not competent (or is potentially not competent), certain other persons can establish the RDSP.

There is a temporary measure in the Act to allow a qualifying family member (i.e., a beneficiary's parent, spouse or common-law partner) to become the plan holder where the adult beneficiary lacks the capacity to enter into a contract. This temporary measure was intended to apply until the end of 2016. However, not all provinces and territories have had the opportunity to introduce processes that permit a trusted person to legally manage the RDSP on behalf of an RDSP beneficiary. As a result, the 2015 federal budget extended this measure until the end of 2018 to give the provinces and territories the opportunity to address the issue.

An RDSP can be established for the benefit of a Canadian resident beneficiary who is eligible for the disability tax credit – i.e., who is "disabled". The age of the beneficiary is not a factor, except that contributions to a plan are only permitted to be made to the end of the year in which the beneficiary turns 59.[42]

Contributions cannot be made to an RDSP if the beneficiary ceases to be disabled, if the beneficiary is no longer resident in Canada, or if the beneficiary dies, in the year that includes the date of the contribution. The RDSP must be terminated by the end of the year following the earlier of the year in which the beneficiary dies or the year in which the beneficiary ceases to be disabled.[43]

If the beneficiary is no longer disabled but is likely to become disabled again, an election can be made to keep the RDSP in place. The election requires an opinion from a qualified practitioner that the beneficiary will likely re-qualify as disabled in the future.[44]

On death, the RDSP balance must be paid to the estate of the deceased, after any repayment of CDSBs or RDSBs that may be required.

Subject to a lifetime contribution limit of $200,000, there is no annual limit on contributions to an RDSP. However, there are annual limits on the amounts the federal government will contribute as CDSGs and CDSBs, and the funds accumulated in the RDSP will be maximized if annual contributions take these limits into account. Thus, for example, as the maximum annual CDSG available for a high income family is $1,000 and the grant is funded at $1 for every $1 contributed, an annual contribution of $1,000 is sufficient to ensure that the full amount of the CDSG is available each year.

An RDSP will normally make lifetime disability assistance payments (LDAPs) to the disabled beneficiary. These can start at any time, but must begin no later than the year in which the beneficiary turns 60 and, once they have commenced, must continue to be made. There is a formula which fixes the maximum annual LDAP. It effectively limits payments based on the number of years until the beneficiary turns 83 and, once he or she has turned 80, limits the annual LDAP to one-third of the RDSP balance.[45]

The calculation is complicated somewhat where the RDSP has received CDSGs or CDSBs. As noted, these may have to be repaid if the plan terminates prematurely. Where repayment is possible, an amount must be held back to provide for this contingency and the maximum LDAP is calculated on the funds in the plan in excess of this holdback. The beneficiary is taxed on LDSPs to the extent they are paid from accumulated income, grants or bonds, or (as discussed below) a rollover of a registered retirement savings plan (RRSP), registered retirement income fund (RRIF) or pension plan. A specified plan is an RDSP whose beneficiary is unlikely to live for more than five years. If this condition is attested to by a medical practitioner the plan holder can elect to have the plan treated as a specified plan. No further contributions can be made to a specified plan and a specified plan no longer qualifies for CDSGs or CDSBs. Withdrawals can be made from such a plan without triggering a repayment of assistance previously received, provided that the total annual taxable payments do not exceed $10,000.[46]

Qualified Disability Trusts

Significant changes to the taxation of trusts which take effect commencing in 2016 will limit access to graduated tax rates to only two categories of trust: a graduated rate estate[47] (which loses that status after, at most, 36 months) and a qualified disability trust (QDT). A QDT is a Canadian resident trust which arises on the death of an individual, where one of the beneficiaries named in the trust instrument has been approved for the disability credit. An election is required annually by each such beneficiary and the trust in order for it to qualify and no electing beneficiary can elect in that year with any other such trust. It appears that a trust's status as a qualified disability trust may change from year to year, as its beneficiary (or beneficiaries) ceases to be disabled or re-qualifies as disabled. It should also be noted that a QDT can be established through a testamentary life insurance trust.

Anti-avoidance rules are included in the proposed legislation to prevent a QDT from retaining income to be taxed at marginal tax rates and distributing that income to anyone other than a disabled beneficiary. Such distributions attract a recovery tax, calculated to bring the total tax paid to the top marginal rate.[48] Establishing a QDT will maintain a more limited income-splitting opportunity than was previously available generally where one or more trusts was established under a will. There is no requirement that a QDT be non-discretionary, so it would appear that a discretionary qualified disability trust can be coupled with the preferred beneficiary election and its accumulating but unallocated income may not affect access to government means-tested support.

Registered Retirement Savings Plans

Generous rollovers are provided where a deceased annuitant under an RRSP wishes to benefit a disabled person. Where an RRSP annuitant dies, the value of the plan is excluded from the terminal return of the deceased where it passes to a spouse/partner from an unmatured plan or to a financially dependent child or grandchild, whether the plan has matured or not (a "refund of premiums"). A refund of premiums is reported by the recipient, who may be entitled to an offsetting deduction, and reduces the amount reported by the deceased.

Financial dependence is always a question of fact, but there is a rebuttable presumption that a child or grandchild is not financially dependent if his or her income for the preceding year exceeds the personal exemption amount for that year. If the child or grandchild is disabled, this income limit is increased by the prior year's amount on which the disability credit is claimed.[49]

Where the inheriting child or grandchild is under 18, he or she can use the refund of premiums to buy an annuity to age 18. Where the inheriting child or grandchild, no matter what age, is dependent on the deceased by reason of mental or physical infirmity, he or she can also transfer the refund of premiums to an RRSP, a RRIF, or to buy an eligible annuity.[50]

Thus an estate plan may provide that an RRSP is to pass to a financially dependent infirm child or grandchild. The recipient can either roll the refund of premiums to his or her own RRSP or RRIF or use the funds, or some part thereof, to buy an annuity. In certain cases the annuity can be purchased by a lifetime benefit trust (discussed below). Similar rollovers are available for eligible amounts received from a deceased's RRIF and certain pension plan receipts.

Lifetime Benefit Trusts

A lifetime benefit trust can be used to hold a life annuity for a mentally infirm dependent, funded with the transfer of a refund of premiums under an RRSP and similar amounts received from a RRIF or a registered pension plan (RPP).[51] A lifetime benefit trust is an alternative to the rollover mechanisms discussed above and, as it requires that the dependent be mentally infirm, it is targeted directly at circumstances where the beneficiary will likely lack the capacity to deal directly with the amount received.

Such a beneficiary is allowed a deduction against the inclusion of a refund of premiums where a trust is named the annuitant in respect of a life annuity. A trust will qualify as a "lifetime benefit trust" —and can therefore be named the annuitant of a life annuity — so long as:

- immediately before the death of the deceased, the beneficiary under the trust was mentally infirm and was either the spouse/partner of the deceased or a child or grandchild of the deceased, dependent on the deceased for support by reason of the infirmity; and
- the trust agreement provides that no person other than the infirm beneficiary can have access to the trust's income or capital so long as he or she is alive and the trustees have the ability to make payments to the beneficiary and, in doing so, are required to take the beneficiary's needs into account.

The qualifying annuity can be purchased either by the estate of the deceased or the refund of premiums can be transferred from the estate to the trustees who

purchase the annuity.[52] An annuity will qualify provided it is payable, with or without a guaranteed period, for the life of the beneficiary, or for a fixed-term equal to 90 years less the age of the beneficiary when the annuity is acquired.

Transfer to an RDSP

A refund of premiums on the death of an RRSP annuitant (and similar amounts received from a RRIF or an RPP) can be transferred to the RDSP of a spouse or child or grandchild who was dependent on the deceased by reason of mental or physical infirmity.[53] The amount that can be contributed is limited by the unused portion of the $200,000 lifetime RDSP limit. A transfer is not a contribution and will therefore be taxable when it is paid out to the beneficiary. It is applied against the lifetime contribution limit and, therefore, restricts contributions that can subsequently be made to the RDSP.

Where the transfer is made, the transferred amount is deductible from income, in effect against the income inclusion that arose on the death of the annuitant.

Summary

This article summarizes how disability or infirmity brings into play deductions and credits that are not available to other taxpayers. However, these rules are complex and, through their inter-relationships, difficult for many taxpayers (and their advisors) to navigate. This is particularly problematic because the value of the credit for any one taxpayer is not particularly material, especially in light of the effort required to ensure compliance.

There are also many vehicles available to allow a tax-advantaged accumulation of capital for the benefit of a disabled beneficiary. These should be considered both in planning during the lifetime of a benefactor and in crafting his or her estate plan.

Endnotes

1. Reproduced with permission from *Tax Topics*; published by and copyright by Wolters Kluwer Limited.
2. Employment and Social Development Canada (2012 Disability Statistics).
3. R.S.C. 1985, c. 1 (5th Supplement), as amended, hereinafter referred to as the “Act”. Unless otherwise stated, statutory references are to the Act.
4. Supra note 2.
5. Subsections 118.3(1), 118.3(1.1) and 118.4(1) of the Act.
6. Paragraph 118.3(1)(a.2) of the Act.
7. Paragraph 118.3(1)(a.3) of the Act.
8. Paragraph 118.4(1)(a) of the Act.
9. CRA Document No. 9524756.
10. CRA Document No. 9803265 and Folio S1-F1-C2 ¶2.22 (Disability Tax Credit).
11. Ibid at ¶2.4.
12. CRA Document No. 962665.
13. CRA Document no. 9627356.
14. Subsection 118.3(1) of the Act.
15. Section 63 of the Act.
16. Section 64 of the Act.
17. Section 118.2 of the Act.
18. Paragraph 118.3(1)(c) of the Act.
19. Paragraph 118.2(2)(b.1) of the Act.

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20. Paragraph 118.2(2)(b) of the Act.
21. Paragraph 118.2(2)(c) of the Act.
22. Section 118.8 of the Act.
23. Subsection 118.3(2) of the Act.
24. Section 118.041 of the Act.
25. Subsection 118.031(3) of the Act.
26. Subsection 122.8(3) of the Act.
27. Subsection 118.6(3) of the Act.
28. Subsection 6(16) of the Act.
29. Subsection 63(3) of the Act.
30. Paragraph 118(1)(c.1) of the Act.
31. Subsection 118.6(3) of the Act.
32. Section 64 of the Act.
33. Paragraph 20(1)(rr) of the Act.
34. Paragraph 20(1)(qq) of the Act.
35. Subsections 104(6) and (13) of the Act.
36. Subsections 104(12) and (14) of the Act.
37. Income Tax Regulation 2800.
38. Definition of preferred beneficiary in subsection 108(1) of the Act.
39. Subsections 104(14) and (15) of the Act.
40. RDSPs are governed by section 146.4 of the Act.
41. Subsection 146.4(1) of the Act.
42. Paragraph 146.4(4)(g) of the Act.
43. Paragraphs 146.4(4)(f) and (g) of the Act.
44. Subsection 146.4(4.1) of the Act.
45. Paragraph 146.4(4)(l) of the Act.
46. Subsections 146(1.1) and (1.2) of the Act.
47. Defined in subsection 248(1) of the Act.
48. Paragraph 122(1)(c) of the Act.
49. Subsection 146(1.1) of the Act.
50. Paragraph 60(l) of the Act.
51. Section 60.011 of the Act.
52. Subsection 60.011(3) of the Act.
53. Section 60.02 of the Act.