



## Section 1: Employee Identification

Employee ID Number	Last Name	First Name
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## Section 2: Employee Information (New Hire Only)

Social Insurance Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (YYYY/MM/DD)	GST No.
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Address	Apt No.
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City	Postal Code	Home Phone Number
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If eligible, I wish to participate in the College Pension Plan.	<input type="checkbox"/> <b>YES</b> Please complete the attached <b>Pension Application Form</b> <input type="checkbox"/> <b>NO</b> Please complete the attached <b>Pension Waiver Form</b>
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I certify the information provided is correct.	Signature
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## Section 3: Appointment Details (To Be Completed by Program Manager or Coordinator)

Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)
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Position Title OR Course Name	CRN No.	Payroll <input type="checkbox"/> Hourly <input type="checkbox"/> Bi-weekly
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Hourly Rate	Hours Authorized OR Contract Hours	FTE	Total Encumbrances OR Contract Amount
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Cost Centre	Index	Account Number
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Replacing Who? (If Applicable)	Reason
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Program Manager OR Coordinator (Print Name)	Signature
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## To Be Completed by Administration

Manager Administration (Print Name)	Signature
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Document Control <input type="checkbox"/> Cost Centre Information	<input type="checkbox"/> Resume or CV	<input type="checkbox"/> Tax & Pension Forms	<input type="checkbox"/> Direct Deposit & Cheque
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SSASECT	NBAJOBS	Date
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**SECTION 1: EMPLOYEE INFORMATION (PLEASE PRINT)**

EMPLOYEE ID	LAST NAME	FIRST NAME
<input type="checkbox"/> CONTINUING STUDIES	<input type="checkbox"/> FACULTY	DEPARTMENT
<input type="checkbox"/> CUPE	<input type="checkbox"/> ADMINISTRATOR	

**SECTION 2: BANKING INFORMATION**

**INSTRUCTIONS TO EMPLOYEE**

Please choose one of the two options below and return the completed and signed form **IN PERSON** to the Payroll Department.

1. Complete Banking Information.
  - a. Attach a VOID cheque in the space below.
  - OR
  - b. Ask your financial institution to complete the bank, branch transit and account numbers and provide an official stamp.

**PLEASE NOTE**

- Payroll cheques must be picked up in person along with proof of identity. No exceptions under any circumstances.
- Payroll Department will not accept information by telephone, mail or email.
- All employees are required to provide banking information to Payroll Department.

BANK NUMBER (3 DIGITS)	BRANCH TRANSIT NUMBER (5 DIGITS)	ACCOUNT NUMBER (7 DIGITS)
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**Attach a "VOID" Cheque Here**

**SECTION 3: VERIFICATION AND VALIDATION**

I certify that the information provided is true and complete.	SIGNATURE	DATE
PAYROLL USE ONLY I have verified the identity of the employee's photo identification.	SIGNATURE	DATE

## PLAN MEMBER RECORD

10 CPP

CORPORATION USE ONLY

PERSON ID	
<b>Employer Services</b>	
College Pension Plan	
PO Box 9460	
Victoria BC V8W 9V8	
Location	2995 Jutland Road, Victoria
Web	<a href="http://pensionsbc.ca">pensionsbc.ca</a>
Victoria	250 356-9701
Toll-free in BC	1 800 663-8823
Fax	250 356-1784
E-mail	<a href="mailto:Employer.Services@pensionsbc.ca">Employer.Services@pensionsbc.ca</a>

### EMPLOYER INSTRUCTIONS:

Submit **only** one copy of this form (per member) to the Pension Corporation to enrol a new plan member or change a plan member's personal or employment information. **You also have the option of submitting the data electronically** via the web for up to five members simultaneously; if you choose the electronic option this paper form is **NOT** required. Refer to the **Employer Reporting Instructions** online at [pensionsbc.ca](http://pensionsbc.ca) and click on web forms. Direct questions and completed forms to Employer Services (contact information at right).

<input type="checkbox"/> <b>NEW</b> – New Plan Member at your organization—enter complete information in every field on form.	<input type="checkbox"/> <b>CHANGE</b> – Existing Plan Member—complete the REQUIRED BASE DATA section and ONLY the DETAIL DATA field(s) that have CHANGED.
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### REQUIRED BASE DATA – must be entered every time

PLAN MEMBER LAST NAME – <i>please print</i>	GIVEN NAME(S)	TITLE	SOCIAL INSURANCE NO.
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### DETAIL DATA – enter all applicable data when NEW; enter only changed data when CHANGE

<b>PERSONAL</b>	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	PREVIOUS SOCIAL INSURANCE NO.	EMPLOYEE DATE OF BIRTH YYYY / MM / DD
	EMPLOYEE PREVIOUS LAST NAME IF CHANGED – <i>please print</i>		PREVIOUS GIVEN NAME

<b>EMPLOYMENT</b>	EMPLOYEE GROUP – 8 characters	HIRE DATE YYYY / MM / DD	CONTRIBUTION START DATE YYYY / MM / DD
	ORGANIZATION NAME		ORG ID

<b>ADDRESS</b> <i>Note: all address fields must be completed when any address information is provided.</i>	EMPLOYEE MAILING ADDRESS – <i>include street, city or town, province and postal code</i>	HOME PHONE – <i>include 10 digits</i>
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<b>SPOUSE</b>	SPOUSE CURRENT LAST NAME – <i>please print</i>	SPOUSE GIVEN NAME	SPOUSE DATE OF BIRTH YYYY / MM / DD
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<b>COMMENTS</b>	
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<b>EMPLOYER CONTACT PREPARING THIS FORM</b>	PREPARED BY – <i>please print</i>	CONTACT PHONE – <i>include 10 digits</i>	EXTENSION	DATE REPORT COMPLETED YYYY / MM / DD
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<b>DOCUMENTS ATTACHED</b> (if form is mailed)	<b>If form is sent electronically, forward clear copies of documents separately. DOCUMENTS REQUIRE PLAN MEMBER'S NAME AND SOCIAL INSURANCE NUMBER.</b>
<input type="checkbox"/> BIRTH CERTIFICATE    OR <input type="checkbox"/> _____	
<input type="checkbox"/> MARRIAGE CERTIFICATE    OR <input type="checkbox"/> _____	

*Freedom of Information and Protection of Privacy Act*—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Chief Executive Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.

# NOMINATION OF BENEFICIARY

PENSION PLAN USE ONLY	
PERSON ID	
<b>College Pension Plan</b> PO Box 9460 Victoria BC V8W 9V8	
Location 2995 Jutland Road, Victoria	
Web <a href="http://college.pensionsbc.ca">college.pensionsbc.ca</a>	
Victoria	250 953-4324
Toll-free in BC	1 888 440-0111
Fax	250 953-0412
E-mail	<a href="mailto:CPP@pensionsbc.ca">CPP@pensionsbc.ca</a>

**INSTRUCTIONS FOR PLAN MEMBER:**

- Complete this form if you:
  - have a spouse, but wish to nominate a beneficiary other than your spouse,
  - do not have a spouse and wish to nominate a beneficiary other than your estate, or
  - are changing your beneficiary.
- Do not complete this form if you want your spouse to be the beneficiary of your pension entitlement because your spouse will automatically be the beneficiary.
- This completed form and the *Form 4: Spouse's Waiver of Preretirement Survivor Benefit*, if applicable, must be submitted and filed with the pension plan for it to be valid. We will acknowledge receipt of this completed form.
- Forms are available on our website.
- Read page 2 before completing this form.

PLAN MEMBER LAST NAME <i>(please print)</i>	PLAN MEMBER FIRST NAME
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PLAN MEMBER ADDRESS *(include street, city or town, province and postal code)*

PLAN MEMBER WORK PHONE <i>(include 10 digits)</i>	PLAN MEMBER HOME PHONE <i>(include 10 digits)</i>	PLAN MEMBER SOCIAL INSURANCE NO.
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EMPLOYER *(organization name)*

***I nominate the beneficiary (one only) named below to receive my pension benefit in the event of my death.***

BENEFICIARY LAST NAME OR WRITE THE WORD "ESTATE" BELOW	BENEFICIARY FIRST AND MIDDLE NAME(S)
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BENEFICIARY MAILING ADDRESS *(include street, city or town, province and postal code)*

BENEFICIARY DATE OF BIRTH <small>YYYY / MM / DD</small>	BENEFICIARY SOCIAL INSURANCE NO.	RELATIONSHIP OF BENEFICIARY
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Indicate your marital status below by checking ( ✓ ) the appropriate box:

- I have no spouse (see definition item 1, page 2).
- I have a spouse (see definition item 1, page 2). (Your spouse must complete a *Form 4: Spouse's Waiver of Preretirement Survivor Benefit* and return to the pension plan along with this completed form.)

I understand that if I marry, or establish a marriage-like relationship (see item 1, page 2) after filing this nomination, my new spouse will become entitled to my pension benefits unless I file a new *Nomination of Beneficiary* and a *Form 4: Spouse's Waiver of Preretirement Survivor Benefit* with the pension plan.

PLAN MEMBER SIGNATURE	DATE SIGNED <small>YYYY / MM / DD</small>
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<b>TO BE COMPLETED BY THE PENSION PLAN</b>  <input type="checkbox"/> ACKNOWLEDGEMENT	AUTHORIZED SIGNING OFFICER SIGNATURE  DATE AUTHORIZED <small>YYYY / MM / DD</small>
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*Freedom of Information and Protection of Privacy Act*—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Chief Executive Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.

## PENSION PROVISIONS IN THE EVENT OF THE DEATH OF A PLAN MEMBER PRIOR TO RETIREMENT

1. In this plan, “**spouse**” means:

- the person you are legally married to and, for the two-year period immediately before the relevant time (e.g., retirement or death), were not separated from;\* or,
- the person of the same or opposite sex, who has lived with you in a marriage-like relationship for the two-year period immediately before the relevant time.

\*You are not considered separated if the separation is due to health reasons.

If you have a spouse at the time of your death, your spouse will **automatically** be the beneficiary of your pension entitlement, unless you complete and file this form with the pension plan. Your spouse must also complete a *Form 4: Spouse’s Waiver of Preretirement Survivor Benefit*, which must be submitted to the pension plan and filed to be valid.

A *Nomination of Beneficiary* **should not** be filed if your spousal status does not change and you intend your spouse to obtain your pension benefits.

Note: If you have no spouse at the time of your death, and you have not filed a *Nomination of Beneficiary* with the pension plan, your beneficiary will automatically be your estate.

If you are separated and living apart, your legal spouse will be entitled to certain pension benefits until two years after your date of separation. This will be the case unless your spouse waives these pension rights by completing a *Form 4: Spouse’s Waiver of Preretirement Survivor Benefit* or you have a separation agreement, divorce decree or court order that outlines the division of your pension entitlements.

2. **If you die prior to age 55 your spouse may be entitled to the following:**

- (a) If you are vested under the plan at the time of your death, your spouse is entitled to:
- (i) a monthly pension benefit, or
  - (ii) the greater of:
    - your accumulated contributions with interest, or
    - the commuted value of the pension entitlement. (The commuted value is the current value of a future pension benefit.)
- (b) If you are not vested under the pension plan at the time of your death, your spouse is entitled to a refund of your accumulated contributions, with interest.

3. **If you die after age 55 your spouse may only be entitled to a monthly pension.**

4. **A nominated beneficiary who is not your spouse is entitled to the following:**

- (a) If you are vested under the plan at the time of your death, your nominated beneficiary is entitled to the greater of:
- your accumulated contributions with interest, or
  - the commuted value of the pension entitlement.
- (b) If you are not vested under the plan at the time of your death, your nominated beneficiary is entitled to a refund of your accumulated contributions with interest.

5. If you have filed a *Nomination of Beneficiary* with the pension plan, and subsequently marry or establish a marriage-like relationship, (see item 1), your new spouse will **automatically** be the beneficiary of your pension benefits as detailed in item 2, unless the *Form 4: Spouse’s Waiver of Preretirement Survivor Benefit* has been completed by your spouse, submitted to the pension plan and filed.

6. If you are separated or divorced and have a formal agreement or court order which otherwise limits any elections you might make under the pension plan, it must be filed with the pension plan. Any survivor benefit paid after the terms of the formal agreement or court order have been applied will be provided in accordance with items 1 to 5 above.

If you have not already provided a copy of your formal agreement or court order to the pension plan, it **must** be submitted with this form.

7. If you file a *Nomination of Beneficiary* with the pension plan, it is recommended that your beneficiary be at least 19 years of age. However, if at your death your beneficiary is a minor, the benefit entitlement will be paid to the Public Guardian and Trustee in trust for the minor beneficiary.

8. The pension plan will **not** accept the following nominations:
- designating an alternate beneficiary (for example, John and/or Mary Smith)
  - naming a society or organization to receive your entitlement
  - nominating a trustee for minor children (see item 7),
  - nominating a beneficiary without your spouse waiving entitlement, or
  - nominating multiple beneficiaries.

The information on this form is based on the pension plan rules, and provincial legislation. Plan rules and legislation are subject to change. In cases where the information on this form differs from the plan rules and legislation, the plan rules and legislation apply. See the [Publications](#) page on our website or contact the pension plan for information on pre-retirement death benefits or any other topic.

# WAIVER OF PENSION COVERAGE

PENSION PLAN USE ONLY	
PERSON ID	
<b>College Pension Plan</b> PO Box 9460 Victoria BC V8W 9V8  Location 2995 Jutland Road, Victoria  Web <a href="http://college.pensionsbc.ca">college.pensionsbc.ca</a>  Victoria 250 953-4324 Toll-free in BC 1 888 440-0111 Fax 250 953-0412 E-mail <a href="mailto:CPP@pensionsbc.ca">CPP@pensionsbc.ca</a>	
EMPLOYER NAME	EMPLOYER NO.
EMPLOYEE NAME	EMPLOYEE SOCIAL INSURANCE NO.

**INSTRUCTIONS**

- This form is to be completed by an employee who is eligible to participate in the College Pension Plan (the “pension plan”) but who elects NOT to. (See Page 2 for employee eligibility).
- The employee and the employer should each retain a copy of this form for their records.
- If the employee subsequently elects coverage under the pension plan, the employer must forward a copy of this form to the pension plan to verify that the employee waived optional enrolment at the time the employee was first eligible to enrol.

**Employee Declaration:**

1. I declare that I am not currently making contributions to the pension plan.
2. I understand that I am eligible to participate in the pension plan and that if I wish not to be enrolled in the pension plan this form must be signed and returned to my employer within 30 days of my initial eligibility date.
3. I have been provided with an explanation or summary of the pension plan, and of the relevant entitlements and obligations under the pension plan.
4. I do not wish to participate in the pension plan at this time.
5. Unless I subsequently elect to enrol in the pension plan, I understand that I will NOT be notified of future amendments or improvements to the pension plan.
6. I understand that, under the current pension plan regulation, I may subsequently elect coverage under the pension plan by providing my employer with a completed and signed *Pension Enrolment Election*. It is my responsibility to provide such notice. However, there is no guarantee that the plan rules will not change, and I understand that my ability to enrol may not necessarily exist at a later date.
7. Further, I understand that if I subsequently provide written notification of my election to enrol, such an election will be prospective only. Enrolment will not be retroactive.
8. I understand that if I subsequently become enrolled in the pension plan, I will not be able to purchase any service prior to the date of actual enrolment.
9. This waiver will cease to have effect if a change in my employment status or the pension plan regulation requires that I participate in the pension plan.

**By signing below, I expressly waive my rights to participate in the pension plan and to receive any pension benefits.**

EMPLOYEE SIGNATURE

DATE SIGNED

YYYY / MM / DD

*Freedom of Information and Protection of Privacy Act*—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member’s pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Chief Executive Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.

**RETURN ORIGINAL TO PENSION PLAN  
ONLY IF WAIVER IS SUBSEQUENTLY REVOKED**

**EMPLOYER AND EMPLOYEE  
MAKE A COPY FOR YOUR RECORDS**

## College Pension Plan Eligibility Conditions

Employees who meet the following criteria must be enrolled and cannot sign a waiver:

Employees hired before September 1, 1999:

- full-time senior administrative staff members.

Employees hired on or after September 1, 1999:

- full-time senior administrative staff members,
- full-time employees, including librarians, who provide educational services to students,
- part-time senior administrative staff members who earn, in any calendar year, a salary that exceeds 50 per cent of the YMPE,\* and
- part-time employees who provide educational services to students, including librarians, who earn, in any calendar year, a salary that exceeds 50 per cent of the YMPE.

Any employee hired after August 31, 1999, who has the option to enrol and does not sign the waiver, will be automatically enrolled.

An employee who has elected not to participate in the plan may later elect coverage under the plan by applying to their employer for coverage.

Once members begin to contribute to the plan, they must continue to contribute, regardless of any change in their employment status (full- or part-time) and regardless of whether enrolment was mandatory or optional. These conditions apply provided there is no termination of employment.

\*YMPE: The Year's Maximum Pensionable Earnings (YMPE) is the maximum salary, including overtime, upon which Canada Pension Plan contributions are made, as set by the federal government. We post the current YMPE on our website each year.



Your employer or payer will use this form to determine the amount of your tax deductions.

Read the back before completing this form. Complete this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address including postal code		For non-residents only – Country of permanent residence	Social insurance number

**1. Basic personal amount** – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2012, see "More than one employer or payer at the same time" on the next page. If you are a non-resident, see "Non-residents" on the next page.

**10,822**

**2. Child amount** – Either parent (but not both), may claim \$2,191 for each child born in 1995 or later, that resides with both parents throughout the year. If the child is **infirm**, add \$2,000 to the claim for that child. Any unused portion can be transferred to that parent's spouse or common-law partner. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the child amount for that same child.

**3. Age amount** – If you will be 65 or older on December 31, 2012, and your net income for the year from all sources will be \$33,884 or less, enter \$6,720. If your net income for the year will be between \$33,884 and \$78,684 and you want to calculate a partial claim, get the TD1-WS, *Worksheet for the 2012 Personal Tax Credits Return*, and complete the appropriate section.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

**5. Tuition, education, and textbook amounts (full time and part time)** – If you are a student enrolled at a university or college, or an educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.

**6. Disability amount** – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$7,546.

**7. Spouse or common-law partner amount** – If you are supporting your spouse or common-law partner who lives with you, and whose net income for the year will be less than \$10,822 (\$12,822 if he or she is **infirm**) enter the difference between this amount and his or her estimated net income for the year. If your spouse's or common-law partner's net income for the year will be \$10,822 or more (\$12,822 or more if he or she is **infirm**), you cannot claim this amount.

**8. Amount for an eligible dependant** – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you, and whose net income for the year will be less than \$10,822 (\$12,822 if he or she is **infirm** and you **did not claim the child amount** for this dependant), enter the difference between this amount and his or her estimated net income. If your eligible dependant's net income for the year will be \$10,822 or more (\$12,822 or more if he or she is **infirm**), you cannot claim this amount.

**9. Caregiver amount** – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,033 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older), enter \$4,402 (\$6,402 if he or she is **infirm**) or
  - relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,402.
- If the dependant's net income for the year will be between \$15,033 and \$19,435 (\$15,033 and \$21,435 if he or she is **infirm**) and you want to calculate a partial claim, get the TD1-WS, and complete the appropriate section.

**10. Amount for infirm dependants age 18 or older** – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,420 or less, enter \$6,402. You cannot claim an amount for a dependant you claimed on line 9. If the dependant's net income for the year will be between \$6,420 and \$12,822 and you want to calculate a partial claim, get the TD1-WS, and complete the appropriate section.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition, education and textbook amounts, disability amount or child amount on his or her income tax return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of his or her **disability amount** on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her **tuition, education, and textbook amounts** on his or her income tax return, enter the unused amount.

**13. TOTAL CLAIM AMOUNT** – Add lines 1 through 12.

Your employer or payer will use this amount to determine the amount of your tax deductions.

Continue on the next page ➔



## Completing Form TD1

Complete this form **only** if:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, Employment Insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (such as when the number of your eligible dependants has changed);
- you want to claim the deduction for living in a prescribed zone; or
- you want to increase the amount of tax deducted at source.

Sign and date it and give it to your employer or payer.

If you do not complete a TD1 form, your new employer or payer will deduct taxes after allowing the basic personal amount **only**.

## More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another TD1 form for 2012, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another TD1 form, **check** this box, enter "0" on line 13 on the front page and do not complete lines 2 to 12.

## Total income less than total claim amount

- Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

## Non-residents

Are you a non-resident of Canada who will include 90% or more of your world income when determining your taxable income earned in Canada in 2012? If you are unsure of your residency status, call the International Tax Services Office at **1-800-267-5177**.

- If **yes**, complete the previous page.  
• If **no**, **check** the box, enter "0" on line 13 and do not complete lines 2 to 12, as you are not entitled to the personal tax credits.

## Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$10,822, you also have to complete a provincial or territorial personal tax credit return. If you are an employee, use the TD1 form for your province or territory of employment. If you are a pensioner, use the TD1 form for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial TD1 form to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$10,822), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

**Note:** If you are a Saskatchewan resident supporting children under 18 at any time during 2012, you may be able to claim the child amount on Form TD1SK, *2012 Saskatchewan Personal Tax Credits Return*. Therefore, you may want to complete Form TD1SK even if you are **only** claiming the basic personal amount on this form.

## Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2012, you can claim:

- \$8.25 for each day that you live in the prescribed northern zone; or
- \$16.50 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction.

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, get Form T2222, *Northern Residents Deductions*, and the Publication T4039, *Northern Residents Deductions – Places in Prescribed Zones*.

## Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or Old Age Security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, complete a new Form TD1.

\$

## Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a Registered Retirement Savings Plan (RRSP), child care or employment expenses, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for year(s) \_\_\_\_\_*, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

## Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**It is a serious offence to make a false return.**

**Your employer or payer will use this form to determine the amount of your provincial tax deductions.**

**Read the back before completing this form.** Complete this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address including postal code		<b>For non-residents only –</b> Country of permanent residence	Social insurance number

**1. Basic personal amount** – Every person employed in British Columbia and every pensioner residing in British Columbia can claim this amount. If you will have more than one employer or payer at the same time in 2012, see "Will you have more than one employer or payer at the same time?" on the next page.

**11,354**

**2. Age amount** – If you will be 65 or older on December 31, 2012, and your net income from all sources will be \$32,424, or less, enter \$4,356. If your net income for the year will be between \$32,424 and \$61,464 and you want to calculate a partial claim, get the TD1BC-WS, *Worksheet for the 2012 British Columbia Personal Tax Credits Return*, and complete the appropriate section.

**3. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,000, or your estimated annual pension income, whichever is less.

**4. Tuition and education amounts (full time and part time)** – If you are a student enrolled at a university, college, or educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$200 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$60 for each month that you will be enrolled part time.

**5. Disability amount** – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$7,285.

**6. Spouse or common-law partner amount** – If you are supporting your spouse or common-law partner who lives with you, and whose net income for the year will be \$996 or less, enter \$9,964. If his or her net income for the year will be between \$996 and \$10,960, and you want to calculate a partial claim, get the TD1BC-WS, and complete the appropriate section.

**7. Amount for an eligible dependant** – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you, and whose net income for the year will be \$996 or less, enter \$9,964. If his or her net income for the year will be between \$996 and \$10,960, and you want to calculate a partial claim, get the TD1BC-WS, and complete the appropriate section.

**8. Caregiver amount** – If you are taking care of a dependant who lives with you, whose net income for the year will be \$14,385 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older); or
  - relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$4,250.
- If the dependant's net income for the year will be between \$14,385 and \$18,635 and you want to calculate a partial claim, get the form TD1BC-WS, and complete the appropriate section.

**9. Amount for infirm dependants age 18 or older** – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,770 or less, enter \$4,250. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$6,770 and \$11,020 and you want to calculate a partial claim, get the TD1BC-WS, and complete the appropriate section.

**10. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.

**11. Amounts transferred from a dependant** – If your dependant will not use all of his or her **disability amount** on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her **tuition and education amounts** on his or her income tax return, enter the unused amount.

**12. TOTAL CLAIM AMOUNT** – Add lines 1 through 11.  
Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

Continue on the next page ➔

## Completing Form TD1BC

Complete this form **only** if you are an employee working in British Columbia or a pensioner residing in British Columbia and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, Employment Insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (such as when the number of your eligible dependants has changed);
- you want to increase the amount of tax deducted at source.

Sign and date it and give it to your employer or payer.

If you do not complete a TD1BC form, your new employer or payer will deduct taxes after allowing the basic personal amount **only**.

## Will you have more than one employer or payer at the same time?

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1BC for 2012, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1BC, enter "0" on line 12 on the front page and do not complete lines 2 to 11.

## Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 12. Your employer or payer will not deduct tax from your earnings.

## Additional tax to be deducted

If you wish to have more tax deducted, complete the section called "Additional tax to be deducted" on the federal Form TD1.

## Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a Registered Retirement Savings Plan (RRSP), child care or employment expenses, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for the year \_\_\_\_*, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

## Forms and publications

To get forms and publications go to [www.cra.gc.ca/forms](http://www.cra.gc.ca/forms) or call 1-800-959-2221.

## Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**It is a serious offence to make a false return.**