



**Part 3 – Giving consent for a representative** (continued)

**Levels of authorization**

**Level 1 – Disclose**

We may **disclose** the following to your representative:

- information given on your tax return;
- adjustments to your tax return;
- information about your registered retirement savings plan, Home Buyers' Plan, and Lifelong Learning Plan;
- your accounting information, including balances, payment on filing, and instalments or transfers;
- information about your benefits and credits (Canada Child Tax Benefit, goods and services tax/harmonized sales tax credit); and
- your marital status (but not information related to your spouse or common-law partner).

**Level 2 – Disclose/Request changes**

We may **disclose** the information listed in level 1 to your representative, and he or she may **ask for changes** to your account.

Such changes include:

- adjustments to income, deductions, and non-refundable tax credits; and
- accounting transfers.

**Note**

If you **do not indicate a level** of authorization, we will **assign a level 1**.

Authorizing a new representative **will cancel all** existing representatives on file. If you **do not agree**, tick this box.

Tick **box A** below to give consent for **all** tax years **and** indicate the level of authorization **or** tick **box B** below to give consent for a **specific** tax year or years **and** indicate the level of authorization for **each** tax year.

**A.** All (past, present, and future) tax years **Level of authorization** (specify either level 1 or 2):

**Box B below does not apply to you if you have given online access to a representative.**

**B.** Enter the applicable tax year or years (past and/or present) and indicate the level of authorization for **each** tax year.

<b>Tax year(s)</b>										
<b>Level of authorization</b>										

**Note**

If this consent is for a **trust account** and the year-end is not December 31, enter the month and day of the year-end:    
Month Day

**Expiry date**

Enter an expiry date if you want the consent to end at a particular time. Your consent will stay in effect until you cancel it, it reaches the expiry date you choose, or when we are notified of your death.

**Consent expiry date**     
Year Month Day

**Part 4 – Signature**

You or your legal representative (e.g., person with your power of attorney, a guardian, or an executor or administrator of your estate) must sign and date this form. If you are signing and dating this form as the legal representative, send us a copy of the legal document that identifies you as the legal representative, if you have not already done so.

By signing and dating this form, you authorize us to **cancel** the consent(s) indicated in **Part 2** and/or **deal** with the individual and/or firm identified in **Part 3**.

We will not process this form unless it is **signed and dated** by you or your legal representative.

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**Sign and print name** **Date**