

Authorizing or Cancelling a Representative

Complete this form to give the Canada Revenue Agency (CRA) your consent to deal with another person (such as your spouse or common-law partner, other family member, friend, or accountant) as your representative for income tax matters or to cancel any existing representatives on your file. Send your completed form to your CRA tax centre. You can find the address of your tax centre on the attached information sheet. To **immediately cancel** a consent, call us at **1-800-959-8281**. You can also give or cancel a consent by providing the requested information online through "Authorize my representative" on our Web site at www.cra.gc.ca/myaccount.

Note

We will accept a change of address only from **you** or **your legal representative**. If you have recently moved, visit **My Account** on our Web site, or call us at **1-800-959-8281** before submitting this form to ensure we have your current mailing address.

To **authorize** a representative, complete Part 1, Part 2 or Part 3, Part 4, and Part 6.
To **cancel** a representative, complete Part 1, Part 5, and Part 6.

Part 1 – Taxpayer information

Complete this part to identify yourself and to give your account number. You will need to complete a **separate copy** of this form for each account.

First name	Last name	Work telephone number	Home telephone number
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Complete the one that applies:	Individual Social insurance number <input type="text"/>	Trust Trust account number <input type="text"/>	T5 T5 filer identification number <input type="text"/>
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To authorize your representative for online access, complete Part 2; otherwise, complete Part 3.

Part 2 – Giving consent for a representative (including online access)

You must complete a separate Form T1013 for each representative.

- To grant an individual online access, enter his or her **RepID**.
- To grant a group online access, enter its **GroupID**.
- To grant a business online access, enter its **Business Number (BN)**.

Notes
If you **do not specify a level** of authorization, we will **assign a level 1**.
Our online services do not have a year-specific option, so your representative will have access to **all tax years**.

<input type="text"/>	RepID	or	<input type="text"/>	GroupID	or	<input type="text"/>	Business Number
			G			895559508	

Level of authorization (level 1 or 2):

Your representative must have registered the BN with the CRA **"Represent a client"** service.

Part 3 – Giving consent for a representative (other than online access)

You must complete a separate Form T1013 for each representative.

- If you are giving consent for an individual, enter the individual's full name.
- If you are giving consent for a business, enter the name of the business.

You must write the name of the **individual** and/or **business** in the box below.

Name of individual	Name of business
First name:	Hendry Warren Financial Services Corp
Last name:	Telephone: 613-235-2000 Ext: Fax: 613-235-2643

Part 3 continued on the next page ►

Part 3 – (Continued)

Tick either:

- **Box A** below to give consent for **all** tax years **and** specify the level of authorization; **or**
- **Box B** below to give consent for a **specific** tax year or years **and** specify the level of authorization for **each** tax year.

Note

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

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

B. Enter the applicable tax year or years (past and/or present), and specify the level of authorization (level 1 or 2) for **each** tax year.

Tax year(s)										
Level of authorization										

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

Part 4 – Consent expiry date

Enter an expiry date for the consent given in **Part 2** or **Part 3** 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 we are notified of your death. Year Month Day

Part 5 – Cancelling one or more existing consents

Complete this section **only** to cancel an existing consent. Tick the appropriate box.

- A.** Cancel **all** consents. **B.** Cancel the consents given for the individual, group or business identified below:

Name of individual First name: Last name:	Name of business
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RepID **OR** GroupID **OR** Business Number

Part 6 – 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 deal with the individual, group, or business identified in **Part 2** or **Part 3** and/or to cancel the consents shown in **Part 5**.

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

This form must be received by the CRA within six months of its signature date. If not, it will not be processed.

_____ I am the legal representative for this taxpayer. Year Month Day

_____ **Print name** **Date of signature**

Taxpayer or legal representative signature **Date of signature**