

Application for a Trust Identification Number

Complete this form if you are the trustee of a trust or the liquidator of a succession and you need a trust identification number to complete the *Trust Income Tax Return* (form TP-646-V) or another document or report under Québec tax law. **Only the main trustee or main liquidator can sign this form.**

A trustee or liquidator can be an individual or a business (for example, an accounting firm). Executors, directors, transferees and receivers holding or controlling another person's property are all considered trustees.

Make sure you enclose a copy of either the trust deed **or** the most recent will (the copy of the will must be accompanied by the will search certificates from the Chambre des notaires du Québec and the Barreau du Québec, **if you have not sent them already**). We will not process your application without the required documents.

Be sure to read the information on the next page before you begin.

Do not use this space.

1a

1 Information about the trust

Name of the trust

2a

Check box 3a or 4a, as applicable, and enter the required information. See the table on the next page for the code to enter on line 5a. If you enter code 6 or 18, you must specify the type of trust on line 5b. If the trust is a specified trust, you must also check box 5c. For more information, see section 1.7 of the *Guide to Filing the Trust Income Tax Return* (TP-646.G-V).

3a **Testamentary trust**

Date of death

3b

Y Y Y Y M M D D

Deceased's social insurance number (SIN)

3c

3d **Succession**

4a **Inter vivos trust**

Date created

4b

Y Y Y Y M M D D

Trust code

5a

Specify

5b

5c **Specified trust**

2 Information about the main trustee or liquidator

Complete the applicable lines depending on whether the trustee or liquidator is an individual or a business. Make sure you enter the 10-digit identification number from a notice of assessment we sent.

Identification number

6a

Last three digits of SIN

6b

Québec enterprise number (NEQ)

6c

Name of business

7

Name of individual or contact person, if the trust or liquidator is a business

Last name

8a

First name

8b

Area code Phone

8c

Address of individual or principal establishment, in the case of a business

Apartment

9a

Street number

9b

Street name or P.O. box

9c

City, town or municipality

9d

Province

9e

Postal code

9f



Mailing address (if different from the one on the preceding page)

| | | | | | |
|-----|----------------------------|-----|---------------|-----|-------------------------|
| 10a | Apartment | 10b | Street number | 10c | Street name or P.O. box |
| 10d | City, town or municipality | | | 10e | Province |
| | | | | 10f | Postal code |

3 Certification

I certify that the information in this form is accurate and complete.

| | | | |
|-----|-----------|-----|------------|
| 11a | Last name | 11b | First name |
|-----|-----------|-----|------------|

Signature of the main trustee, main liquidator of the succession or person authorized to sign

Date

Information

Do not enclose this form with the trust income tax return or with any related document.

To authorize someone to represent the trustee or liquidator or get information about the trust's file, enclose a completed and signed copy of form MR-69-V, *Authorization to Communicate Information or Power of Attorney*.

Once you have completed and signed this application, send it to one of the following addresses:

- 3800, rue de Marly, Québec (Québec) G1X 4A5
- C. P. 3000, succursale Place-Desjardins, Montréal (Québec) H5B 1A4

For more information, call us toll-free at 1 800 267-6299 or go to revenuquebec.ca.

| Code | Trust type |
|------|--|
| 1 | Spousal trust |
| 2 | Joint spousal trust |
| 3 | Alter ego trust or self-benefit trust |
| 4 | Trust for a beneficiary under 21 |
| 4a | Graduated rate estate |
| 4b | Qualified disability trust |
| 5 | Deemed trust |
| 6 | Personal trust other than one of the trusts listed above ¹ |
| 7 | Unit trust other than a mutual fund trust or a SIFT trust |
| 8 | Mutual fund trust other than a SIFT trust |
| 9a | Insurance segregated fund trust — fund registered in whole or in part ² |
| 9b | Insurance segregated fund trust — non-registered fund |
| 10 | Master trust |
| 11 | Employee trust |
| 12 | Employee benefit plan |
| 13 | Non-profit organization |
| 14 | Religious organization |
| 15 | Employee life and health trust |
| 16 | Amateur athlete trust |
| 17 | SIFT trust |
| 18 | Other |

1. Succession, lifetime benefit trust, etc.

2. Enter code 9a if all or part of the fund was held under a registered pension plan or under a tax-free savings account (TFSA). Otherwise, enter code 9b.



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