

ATTESTATION REGARDING WITHDRAWAL BASED ON FINANCIAL HARDSHIP

1. **To:** (insert name of financial institution) \_\_\_\_\_

2. **List of applicable federally regulated locked-in plans:** (Please identify any locked-in registered retirement savings plan, life income fund, restricted locked-in savings plan or restricted life income fund that is held by the financial institution identified above and from which you intend to withdraw or transfer funds.)

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

3. **Attestation**

I, (insert name) \_\_\_\_\_, of (insert address) \_\_\_\_\_, in the city of \_\_\_\_\_, in the province of \_\_\_\_\_, attest to the following:

I own the federally regulated locked-in plan(s) identified in item 2. On the day on which I sign this Attestation (choose all that apply):

(A) Withdrawal for Expenditures on Medical or Disability-related Treatment or Adaptive Technology

(a) \_\_\_\_\_ My total expected income for the calendar year, determined in accordance with the *Income Tax Act* (excluding the withdrawal referred to in line G below and any withdrawal made under paragraph 20(1)(d), 20.1(1)(m), 20.2(1)(e) or 20.3(1)(m) of the *Pension Benefits Standards Regulations, 1985* within the last 30 days before this application) is \$ \_\_\_\_\_;

(b) \_\_\_\_\_ I submit a letter signed by a physician certifying that medical or disability-related treatment or adaptive technology is required;

(c) \_\_\_\_\_ I expect to make expenditures on the medical or disability-related treatment or adaptive technology specified in the physician's certificate in the amount of \$ \_\_\_\_\_, which is greater than 20% of my total expected income for the calendar year;

(d) \_\_\_\_\_ I have not made any other withdrawal, other than within the last 30 days before this application, during the calendar year under paragraph 20(1)(d), 20.1(1)(m), 20.2(1)(e) or 20.3(1)(m) of the *Pension Benefits Standards Regulations, 1985*; and

(B) Withdrawal Based on Low Income

\_\_\_\_\_ My total expected income for the calendar year, determined in accordance with the *Income Tax Act* (excluding the withdrawal referred to in line G below and any withdrawal made under paragraph 20(1)(d), 20.1(1)(m), 20.2(1)(e) or 20.3 (1) (m) of the *Pension Benefits Standards Regulations, 1985* within the last 30 days before this application), is less than three quarters of the Year's Maximum Pensionable Earnings as defined in the *Pension Benefits Standards Act, 1985*.

4. **Amount Sought for Withdrawal**

A	Expected income in this calendar year determined in accordance with the <i>Income Tax Act</i> .	\$ _____		
B	Total financial hardship withdrawals made during the calendar year from all federally-regulated locked-in registered retirement savings plans, life income funds, restricted life income funds and restricted locked-in savings plans.	\$ _____		
	B(i): total low income component of B is	\$ _____		
	B(ii): total medical and disability-related income component of B is	\$ _____		
C	50% of the Year's Maximum Pensionable Earnings as defined in the <i>Pension Benefits Standards Act, 1985</i> .	\$ _____		

<b>Calculation Of Medical And Disability-Related Component Of Withdrawal</b> <i>(To be completed only if seeking withdrawal under this component)</i>				
D	Low Income Withdrawal component.			
	Enter amount from D(1v) if greater than zero otherwise enter "0"			\$ _____
	D(i)	A - B	\$ _____	
	D(ii)	66.6% of D(i)	\$ _____	
	D(iii)	C - D(ii)	\$ _____	
	D(iv)	D(iii) - B(i)	\$ _____	
<b>Calculation Of Medical And Disability-Related Component Of Withdrawal</b> <i>(To be completed only if seeking withdrawal under this component)</i>				
E	Total Expected Medical and Disability-related Expenditures for which unlocking is being sought. Enter amount from E(v)			\$ _____
	E(i) Total Expected Medical and Disability-related Expenditures in the calendar year that a medical doctor certifies are required.		\$ _____	
	E(ii)	A - B	\$ _____	
	E(iii)	20% of E(ii)	\$ _____	
	E(iv)	If E(i) is greater than or equal to E(iii) enter E(i) otherwise enter "0"	\$ _____	
	E(v)	Enter the lesser of E(iv) and C	\$ _____	

Calculation Of Financial Hardship Withdrawal				
F	Total Amount Eligible for Financial Hardship Withdrawal. Enter amount from F(iii)			\$_____
	F(i)	D + E	\$_____	
	F(ii)	C – B	\$_____	
	F(iii)	Enter lesser of F(i) and F(ii)	\$_____	
G	Total Amount Applicant Wishes to Withdraw. Enter F or a lesser amount			\$_____

## 5. Signatures

Sworn before me, on the \_\_\_\_\_ day of  
 \_\_\_\_\_, 20\_\_\_\_\_  
 at \_\_\_\_\_, in the province of  
 \_\_\_\_\_.

Signature of applicant \_\_\_\_\_

A notary public, commissioner or other person authorized to take affidavits.