



FORM 1
ATTESTATION REGARDING WITHDRAWAL
BASED ON FINANCIAL HARDSHIP

Account Number

1. To: \_\_\_\_\_
(INCERT 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, \_\_\_\_\_, of \_\_\_\_\_,
(INCERT NAME) (INCERT 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... is \$\_\_\_\_\_
(b) I submit a letter signed by a physician...
(c) I expect to make expenditures... which is greater than 20%...
(d) I have not made any other withdrawal...

and

(B) Withdrawal Based on Low Income

- My total expected income for the calendar year... is less than three quarters of the Year's Maximum Pensionable Earnings...

**4. Amount Sought for Withdrawal**

- A Expected income in this calendar year determined in accordance with the *Income Tax Act*. \$ \_\_\_\_\_
- 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 *Pension Benefits Standards Act, 1985*. \$ \_\_\_\_\_

**CALCULATION OF LOW INCOME COMPONENT OF WITHDRAWAL**

(To be completed only if seeking withdrawal under this component.)

- D Low Income Withdrawal component.  
Enter amount from D(iv) 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) \$ \_\_\_\_\_

**CALCULATION OF MEDICAL AND DISABILITY-RELATED COMPONENT OF WITHDRAWAL**

(To be completed only if seeking withdrawal under this component)

- 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 \_\_\_\_\_.

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT