

**SCHEDULE 2  
(Section 8)**

**SCHEDULE V  
(Sections 20, 20.1, 20.2 and 20.3)**

**FORM 1**

**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(l)(m), 20.2(l)(e) or 20.3(l)(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(l)(m), 20.2(l)(e) or 20.3(l)(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(l)(d), 20.1(l)(m), 20.2(l)(e) or 20.3(l)(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> .   | \$ |  |    |
| CALCULATION OF LOW INCOME COMPONENT OF WITHDRAWAL<br>(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<br>(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  |  | \$ |    |
| <b>CALCULATION OF FINANCIAL HARDSHIP WITHDRAWAL</b> |   |  |    |    |
| 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