



Financial Services
Commission
of Ontario
5160 Yonge Street
Box 85
Toronto ON M2N 6L9

Instructions for Completing Form 6

Application to the Superintendent of Financial Services for Consent to Withdraw Money from an Ontario Locked-in Retirement Account, Life Income Fund or Locked-in Retirement Income Fund Based on Financial Hardship

For Financial Hardship Applications Signed in 2009

PLEASE NOTE: Financial Services Commission of Ontario will not be charging the required fees on approved applications on/after April 1, 2009 and up to and including March 31, 2011.

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Applying for Financial Hardship: The Application Process Step-by-Step

HOW TO APPLY

Step 1: Read the Instruction Summary – Form 6 (page 3) and determine which category or categories you qualify to apply under.

The categories in which you can apply are Parts 2A – 2G.

Step 2: Fully Complete the Application – please see the Instructions for guidance in filling out the Application properly.

If your Application is incomplete, it will be returned to you with a letter requesting the required information.

The Application will not be valid if it is signed and dated more than 60 days before the date the Superintendent receives it. Any attached documents will not be valid if dated more than 12 months before the Superintendent receives them.

Step 3: Mail the Application to:

Superintendent of Financial Services
c/o Financial Hardship Unlocking Section
Financial Services Commission of Ontario
5160 Yonge Street
Box 85
Toronto, ON M2N 6L9

You may also:

- courier the Application to the above address by specifying that it be delivered to the 16th floor
- deliver the Application in person to the 4th floor reception at the above address

Do not fax the Application. Faxed Applications will not be accepted.

Step 4: Wait for letter indicating your approval status. Read the letter carefully.

If your Application is incomplete, it will be returned to you with a letter requesting the required information.

If your Application is approved, you will receive a Consent letter from the Superintendent. Proceed to Step 5.

OR

If your Application is not approved you will receive a letter explaining the reasons why you do not qualify under the category or categories of financial hardship under which you applied. You may request a hearing before the Financial Services Tribunal to review the proposed refusal of your Application.

Step 5: Present all pages of the Consent letter to the financial institution that administers your locked-in account.

The Consent letter is only valid for 12 months after the date issued.

Step 6: Collect funds

When you present your Consent letter, your financial institution will:

- forward the withholding taxes to Canada Revenue Agency
- forward the application fee to the Minister of Finance
- release your locked-in funds to you within 30 days

Please see the Application Fee and Withholding Tax section (page 19) for further details.

INSTRUCTION SUMMARY – FORM 6

Which Parts of the Application to Complete

You do not need to complete every Part of the Application. The Parts of the Application that you need to complete depend on the category or categories of financial hardship you want to apply under. See Instructions for detailed help on each Part.

For all financial hardship Applications, you **must** complete the following Parts of the Application.

- Part 1** (Pages 1-3): Information About the Owner of the Locked-in Account
- Part 3** (Page 14, 15): Withdrawal Deduction Amount Based on Assets – Table 1 or Table 2
- Part 4** (Page 16): Attestation by the Owner of the Locked-in Account
- Part 5** (Page 17): Authorization Regarding Personal Information
- Part 6** (Page 18): Consent of the Owner's Spouse to the Withdrawal
Note: Required only if you indicate that you have a spouse who consents to the withdrawal.

Below are the categories of financial hardship in which you can apply. **You must select at least one of them.**

- Part 2A** (Page 4): **Withdrawal Based on Low Income** - Your expected total income from all sources before taxes for the 12 months following the date you sign the Application is less than \$30,866.67.
- Part 2B** (Page 5): **Withdrawal for a Debt Against Your Principal Residence** - You need money to avoid legal action or eviction from your principal residence due to unpaid mortgage payments or property taxes.
- Part 2C** (Page 6): **Withdrawal for Unpaid Rent** - You need money to avoid eviction from your principal residence due to unpaid rent
- Part 2D** (Page 7): **Withdrawal for First and Last Months' Rent** - You need money to pay first and last months' rent, to rent a place to live.
- Part 2E** (Page 8, 9): **Withdrawal for Medical Expenses** - You, your spouse or a dependant need money to pay for medical expenses and/or dental expenses to treat an illness or physical disability that any of you have.
Note: Part 7 - page 19 is also required if you apply under this category.*
- Part 2F** (Page 10, 11): **Withdrawal for Renovations to Your Principal Residence** - You, your spouse or a dependant needs money to pay expenses to renovate **your** current or future principal residence to accommodate an illness or physical disability that any of you has.
Note: Part 8 - page 20 is also required if you apply under this category.*
- Part 2G** (Page 12, 13): **Withdrawal for Renovations to a Dependant's Principal Residence** - You, your spouse or a dependant need money to pay expenses to renovate **that dependant's** current or future principal residence to accommodate an illness or physical disability that the dependant has.
Note: Part 8 - page 20 is also required if you apply under this category.*

*For Parts 2E/2F/2G, a statement signed by a doctor or dentist, as applicable, may also be accepted. Please see the Instructions for details on requirements.

If the financial hardship you are experiencing does not fall into one of the categories of financial hardship described above for Parts 2A to 2G of the Application, do not apply to the Superintendent for consent to withdraw money from your locked-in account.

General Information About Making an Application

Complete the attached Application if you want to apply to the Superintendent of Financial Services for consent to withdraw money from your Ontario **locked-in retirement account, life income fund or locked-in retirement income fund** (referred to in these Instructions as a locked-in account) because you are experiencing **financial hardship**.

To qualify for this type of withdrawal, your financial hardship must fall into one or more of the categories of financial hardship described on page 3 of these Instructions. The Superintendent can only consent to the withdrawal of money from your locked-in account if the amount you are able to withdraw is **at least \$500**.

The amount that can be withdrawn in all categories of financial hardship will be adjusted by deducting the value of some of the assets you and your spouse own from the amount you are able to withdraw.

Any money withdrawn from your locked-in account will no longer be exempt under the Ontario *Pension Benefits Act* from execution, seizure or attachment by creditors.

If the Superintendent consents to the withdrawal of money from your locked-in account, you will have to pay an application fee and withholding tax on the money withdrawn. See page 19 of these Instructions for more details.

Any withdrawal from your locked-in account may have other tax consequences. To find out more about any possible tax consequences contact the Canada Revenue Agency at 1-800-959-8281.

Any withdrawal from your locked-in account may also affect your eligibility for certain government benefits. To find out more, contact the government department or agency that provides those benefits.

You can only apply to withdraw money from one locked-in account at a time using the Application.

If the Superintendent is not satisfied that the Application or the documents you attach to the Application meet the requirements for a withdrawal, you may be required to provide additional information or documents to satisfy these requirements.

YOU CANNOT USE THE ATTACHED APPLICATION TO APPLY TO WITHDRAW MONEY FROM YOUR LOCKED-IN ACCOUNT IF:

- **The money you seek to withdraw is currently in the pension fund of your current or former pension plan.** You can only apply to withdraw money that is in a locked-in account.
- **The money you seek to withdraw from your locked-in account is governed by the laws of the federal government or a province other than Ontario.** Money in your locked-in account will be governed by the laws of the federal government if it relates to your employment in a federally regulated industry, such as banking, airlines, interprovincial transportation, television or telephone companies. Money in your locked-in account will be governed by the laws of a province other than Ontario if it relates to your employment outside of Ontario. You can only apply to withdraw money that is governed by the Ontario *Pension Benefits Act*.
- **You want to apply to withdraw or transfer money from your locked-in account because you face shortened life expectancy, you are at least 55 years old and the value of the money in every Ontario locked-in account you own is less than \$18,520, you have an amount in your locked-in account that exceeds federal *Income Tax Act* limits, you are a non-resident of Canada (see Form 5) or you want to withdraw or transfer up to 25% of the money transferred into a life income fund (see Form 5.1).** These types of applications must be made directly to the financial institution that administers your locked-in account, and you should contact your financial institution to find out how to make these types of applications.

YOU CANNOT APPLY TO WITHDRAW MONEY FROM YOUR LOCKED-IN ACCOUNT UNDER THE SAME CATEGORY OF FINANCIAL HARDSHIP UNTIL 12 MONTHS AFTER YOUR LAST SUCCESSFUL APPLICATION UNDER THAT CATEGORY.

Definitions for the Purpose of the Application

The following definitions apply for the purposes of the Application:

Dependant

A dependant is any person who was dependent on the owner of the locked-in account or the owner's spouse for support at some time during the calendar year in which the owner signs the Application, or during the previous calendar year. The person must also be the child, grandchild, parent, grandparent, brother, sister, uncle, aunt, niece or nephew of,

- (a) the owner, or
- (b) the owner's spouse (but not if the owner and the spouse are living separate and apart on the date the owner signs the Application).

Principal Residence

A person's principal residence is the housing unit that the person ordinarily inhabits during the calendar year in which the owner of the locked-in account signs the Application, or during the following calendar year. The housing unit must be either a house, a condominium unit, an apartment or other unit in a multi-residential property, a cottage, a mobile home, a trailer or a houseboat. **A person can only have one principal residence at any one time for the purposes of the Application.**

Spouse

A person has a spouse if the person and another person,

- (a) are married to each other, or
- (b) are not married to each other and are living together in a conjugal relationship on the date the owner of the locked-in account signs the Application,
 - (i) continuously for a period of at least three years, or
 - (ii) in a relationship of some permanence if they are the natural or adoptive parents of a child, both as defined in the Ontario *Family Law Act*.

If two people are not living together in a conjugal relationship on the date the owner signs the Application, these people will not qualify as spouses unless they are married.

**Instructions for Completing Part 1
Information About the Owner of the Locked-in Account
(Pages 1- 3 of the Application)**

Question 1. Provide the following information about yourself.

Please ensure all boxes are completed, if applicable.

Question 2. What is the address of your current principal residence?

If it is the same as your mailing address, simply check the box.

Question 3. Provide the full name and contact information of your spouse.

Please ensure all boxes are completed, as applicable

Question 4. What is the account number/policy number of your locked-in account?

Please provide the account number or policy number of your locked-in account from the financial institution where your locked-in account is held.

You may contact your financial institution to ensure you are providing the correct account number or policy number.

Question 5. Have you attached a copy of the most recent statement respecting your locked-in account from the financial institution that administers your locked-in account?

You must attach a copy of the most recent statement for your locked-in account; the statement must not be dated more than 12 months before the date the Superintendent receives it.

**Question 6. Was the money you are applying to withdraw from your locked-in account:
- earned in Ontario?
- from a pension plan governed by the Ontario *Pension Benefits Act*?**

You must answer “Yes” to both questions in order to apply to withdraw funds from your locked-in account.

Please contact the financial institution where your locked-in account is held before applying, to ensure that your pension funds were regulated by Ontario pension laws.

If the funds in your locked-in account came from a pension plan registered with the federal government, **you cannot apply** to unlock your account using this Application. You must contact the regulator of federal pension plans, the Office of the Superintendent of Financial Institutions, at 1-800-385-8647 or <http://www.osfi-bsif.gc.ca/> for information on how to apply for unlocking under the federal government unlocking program.

If your pension funds are still in the pension plan provided by the company you worked for, they must be transferred into a locked-in account before you can apply to withdraw them.

Question 7. Information about the financial institution that administers your locked-in account.

Please ensure all boxes are completed.

**Instructions for Completing Part 2A
Withdrawal Based on Low Income
(Page 4 of the Application)**

Question 1. Have you applied under this category before?

If yes, provide the date and case number of your last Application based on low income.

Question 2. What is your expected income for the next 12 months?

Your income cannot be more than \$30,866.67 for Applications signed in 2009.

List your income for the **next 12 months, not the past 12 months.**

Do not include your spouse's income.

For the purposes of the Application, your expected total income from all sources before taxes must include any other income you expect to receive for the 12 months following the date you sign the Application. This includes:

- wages, salaries, casual earnings and amounts paid to you under a training program,
- net income from self-employment,
- net rental income,
- payments you receive under an annuity, pension plan, registered retirement savings plan, registered retirement income fund, superannuation scheme, or earnings replacement program,
- insurance benefits,
- spousal support payments you receive under a court order or an agreement,
- capital gains arising from the sale or disposition of an asset,
- cash payments you receive under a government program (except for the excluded amounts mentioned below), e.g. Canada Pension Plan, Old Age Security, Ontario Works (social assistance), etc.
- interest and dividend income on any investment,
- inheritances and contest winnings, and
- any other income from any other source.

For the purposes of the Application, **do not include** the following:

- money the Superintendent has consented to be withdrawn from a locked-in account you own based on financial hardship,
- any expected income of your spouse or a dependant,
- any refund or repayment of taxes paid to a government in Canada,
- a refundable tax credit,
- a refund of tax paid under the Ontario Child Care Supplement for Working Families program under the Ontario *Income Tax Act*,
- payments you receive as a foster parent under the Ontario *Child and Family Services Act*, and child support payments you receive under a court order or an agreement.

Question 3. How much money do you want to withdraw?

The amount you are eligible to withdraw due to low income is based on your expected income for the next 12 months.

The **maximum withdrawal**, based on an expected income of **\$0** is **\$23,150**. The higher your expected income is, the less you will be able to withdraw.

In addition to the sample calculation on page 4 of the Application, on the next page there are two examples of how to calculate the allowable withdrawal from your locked-in account based on low income.

**Instructions for Completing Part 2A (continued)
Withdrawal Based on Low Income
(Page 4 of the Application)**

Example 1: Expect to earn \$5,000 over the next 12 months

First, you must calculate 75% of your income for the next 12 months.

If you expect to earn \$5,000 in the next 12 months, 75% of \$5,000 is \$3,750.

Next, you subtract this result (75% of your \$5,000 expected income) from the maximum amount that can be withdrawn under low income, which is \$23,150.

Therefore, the maximum you can withdraw under the low income category based on an expected income of \$5,000 is \$19,400.

Income	\$5,000
<i>MULTIPLY</i> by	0.75
	=\$3,750

Maximum withdrawal	\$23,150
<i>MINUS</i>	\$3,750
	\$19,400

Example 2: Expect to earn \$14,000 over the next 12 months

As in Example 1 above, you must first calculate 75% of your income for the next 12 months.

If you expect to earn \$14,000, in the next 12 months, 75% of \$14,000 is \$10,500.

Next, you subtract this result (75% of your \$14,000 expected income) from the maximum amount that can be withdrawn under low income, which is \$23,150.

Therefore, the maximum you can withdraw under the low income category based on an expected income of \$14,000 is \$12,650.

Income	\$14,000
<i>MULTIPLY</i> by	0.75
	=\$10,500

Maximum withdrawal	\$23,150
<i>MINUS</i>	\$10,500
	=\$12,650

Note that the **APPLICATION FEE** you must pay to withdraw money from your locked-in account is 2% of the amount you are approved to withdraw based on the information provided in the Application, with a minimum fee of \$200 and a maximum fee of \$600.

If you ask to withdraw the maximum amount allowed based on low income, the application fee will be calculated using the maximum amount you are approved to withdraw, even if this maximum amount is greater than the value of your locked-in account.

Question 4. How do you want the money paid to you?

Please specify how you want your money paid to you: as a lump sum, or 12 monthly payments.

Instructions for Completing Part 2B of the Application Withdrawal for a Debt Against Your Principal Residence (Page 5 of the Application)

You can apply under this category of financial hardship if you or your spouse need money to avoid eviction from your principal residence due to unpaid debt secured against your principal residence.

Examples of debts secured against your principal residence include: mortgage, property taxes, condominium fees, a line of credit secured against your principal residence, or a lien registered against your principal residence (e.g. by Canada Revenue Agency for income tax arrears).

Question 1. Have you applied under this category before?

If yes, provide the date and case number of your last successful Application for a withdrawal for an unpaid debt against your principal residence.

Question 2. How much do you want to withdraw to bring the debt into good standing?

Property taxes: If the amount you are seeking to withdraw is for unpaid property taxes, you must provide a notice from the municipality which states the amount in property tax arrears.

Mortgage payments, etc.: If the amount you are seeking to withdraw is for any of the other unpaid debts given as examples above, not including property taxes, you must **provide a letter demanding payment** of unpaid debt secured against your principal residence.

This letter must also **threaten eviction, or legal action resulting in eviction**, if payment is not made (e.g. a threat of foreclosure, power of sale, etc.).

This letter must be dated within the last 12 months before the Superintendent receives it

This amount will be paid to you as a lump sum.

Question 3. You may also withdraw up to 12 additional months of mortgage payments, condominium fees and/or one additional year of property taxes.

If you wish to withdraw additional payments, answer question 3 on page 5 of the Application. Please check one of the boxes to indicate whether you want this additional amount paid to you as a lump sum or as a series of 12 monthly payments.

You **must include proof** of monthly mortgage payments, condominium fees and/or proof of annual property taxes dated within the past 12 months.

Additional Document(s) Required: If the written demand for payment from the creditor does not set out the regular payment rate on the debt secured against your principal residence, you must attach to the Application a copy of an additional statement from the creditor that sets out this information. **The additional statement must be dated within the last 12 months before the Superintendent receives it.**

One or more of the following documents may satisfy this requirement for the purposes of the Application

- the original Charge/Mortgage of Land form filed in a land registry office in relation to your principal residence and, if the mortgage has been subsequently renewed, a copy of the latest document from the creditor renewing the mortgage, or
- a notice from a municipality respecting the municipal property taxes payable in relation to your principal residence.

Instructions for Completing Part 2C Withdrawal for Unpaid Rent (Page 6 of the Application)

You can apply under this category of financial hardship if you or your spouse have received a written demand for payment of unpaid rent on your principal residence and you could face eviction if the rent remains unpaid.

Question 1. Have you applied under this category before?

If yes, provide the date and case number of your last successful Application for unpaid rent.

Question 2. What is the amount of rent arrears (unpaid rent) demanded by your landlord?

You cannot withdraw more than the amount of the unpaid rent and any additional payment required to bring your tenancy back into good standing, as set out in the written demand for payment from your landlord. This amount will be paid to you as a lump sum.

You must provide a letter from your landlord demanding payment of your unpaid rent. The letter must include your rental address and be dated within the last 12 months before the Superintendent receives it.

This letter must also threaten eviction if the rent remains unpaid. Also acceptable: an eviction notice under the Ontario *Tenant Protection Act*.

Question 3. You may also withdraw up to 12 additional months of rent payments.

If you want to withdraw this additional amount, **you cannot withdraw more than 12 months worth of regular rental payments.** Please check one of the boxes to indicate whether you want this additional amount paid to you as a lump sum or as a series of 12 monthly payments.

Additional Document(s) Required: If the written demand for payment from the landlord does not set out the regular rental rate for your principal residence, you must attach to the Application a copy of an additional statement from the landlord that sets out this information. **The additional statement cannot be dated more than 12 months before the Superintendent receives it.**

One or more of the following documents may satisfy this requirement for the purposes of the Application:

- a letter from the landlord that sets out the regular rental rate for your principal residence, or
- the rental or lease agreement for your principal residence.

Instructions for Completing Part 2D Withdrawal for First and Last Months' Rent (Page 7 of the Application)

Question 1. Have you applied under this category before?

If yes, provide the date and case number of your last successful Application for first and last months' rent.

Question 2. What is the address of the house/apartment that you want to rent?

Provide full address of the rental property.

Question 3. How much is the first and last months' rent?

You may request first and last months' rental payments.

You may be required to provide proof of the monthly rental amount.

Instructions for Completing Part 2E Withdrawal for Medical Expenses (Pages 8-9 of the Application)

Question 1. Have you applied under this category for medical expenses for the person identified in Part 2E before?

If yes, provide the date and case number of your last successful Application for medical expenses.

Question 2. Who has the illness or physical disability?

You may apply for medical expenses (including dental expenses) to treat an illness or physical disability that you, your spouse or a dependant have. (For the definitions of a “spouse” and “dependant” please see the definitions section of these Instructions on page 5).

If you want to apply for medical expenses to treat more than one person, you must get additional blank copies of Part 2E of the Application, complete a separate Part 2E for each person and attach the additional completed Part(s) to the Application.

Question 3. Describe the goods and services that have been or will be purchased to treat the person’s illness or physical disability?

Attach additional pages to the Application if you need more room to describe the goods and services.

Additional Document(s) Required: You must attach to the Application Part 7 (page 19 of Application) or a copy of a statement signed by a medical doctor licensed to practice medicine in Canada, or a dentist who is licensed to practice dentistry in Canada, regarding the goods and services. **It cannot be dated more than 12 months before the Superintendent receives it.**

Applications for medical expenses **must be signed** by a medical doctor or a dentist, as applicable; professionals such as chiropractors, physiotherapists, etc., **do not qualify** as medical doctors.

One or more of the following documents may satisfy this requirement for the purposes of the Application:

- **Part 7 on page 19 of the Application, completed by a medical doctor or dentist (as applicable), or**
- a separate statement (such as a letter) signed and dated by a medical doctor or a dentist, as applicable. It must state that the doctor or dentist is licensed to practice medicine or dentistry (as the case may be) in a jurisdiction in Canada and that, in the doctor’s or dentist’s opinion, the person identified in Part 2E of the Application has an illness or physical disability and the goods and services set out in Part 2E are or were necessary to treat the person’s illness or physical disability.

Question 4. How much money do you want to withdraw to pay for the medical or dental expenses?

You cannot withdraw more than the amount that has been paid within the last 12 months or will be paid within the next 12 months for the goods and services, based on receipts or estimates. The medical expenses you claim must be reasonable and cannot have been paid or be payable through any other source (such as a public or private health insurance program). This amount will be paid to you as a lump sum.

Additional Document(s) Required: You must attach to the Application copies of receipts or estimates for the goods and services purchased or to be purchased to treat the person’s illness or physical disability. **A receipt or estimate cannot be dated more than 12 months before the Superintendent receives it.**

A receipt must be dated, show the amount paid and to whom the amount was paid.

An estimate must be dated, show the proposed amount to be paid, to whom the amount will be paid and the purpose of the payment.

**Instructions for Completing Part 2E (continued)
Withdrawal for Medical Expenses
(Pages 8-9 of the Application)**

Question 5. Do you want withdraw an additional amount for medical expenses to treat the person over the next 12 months following the date you sign this Application?

If yes, you cannot withdraw more than the amount that has been paid or will be paid for the medical expenses, based on receipts or estimates. The medical expenses you claim must be reasonable and cannot have been paid or be payable through any other source (such as a public or private health insurance program).

Additional Document(s) Required: You must attach to the Application copies of receipts or estimates for the goods and services purchased or to be purchased to treat the person's illness or physical disability over the 12 months following the date you sign the Application. **A receipt or estimate cannot be dated more than 12 months before the Superintendent receives it.**

A receipt must be dated, show the amount paid and to whom the amount was paid.

An estimate must be dated, show the proposed amount to be paid, to whom the amount will be paid and the purpose of the payment.

**Instructions for Completing Part 2F
Withdrawal for Renovations to Your Principal Residence
(Pages 10-11 of the Application)**

Question 1. Have you ever applied under this category before?

If yes, provide the date and case number of your last successful Application for renovations to **your principal residence** to accommodate an illness or disability.

Question 2. Who has the illness or disability?

You may apply to withdraw for renovations due to illness or disability for you, your spouse or a dependant (for the definitions of "spouse" and "dependant" please see the definitions section of these Instructions on page 5).

If you want to apply for expenses to renovate your current or future principal residence to accommodate the illnesses or disabilities of more than one person, you must get additional blank copies of Part 2F of the Application, complete a separate Part 2F for each person and attach the additional completed Part(s) to the Application.

Question 3. What principal residence has been or will be renovated?

Please provide the full address of your current or future principal residence to be renovated.

Question 4. Describe the renovations that have been or will be made to your principal residence.

The renovations must be necessary to enable the person to gain access to or be mobile or functional within the residence. Attach additional pages to the Application if you need more room to describe the renovations.

Example: a wheelchair ramp

Additional Document(s) Required: You must attach to the Application a statement signed by a medical doctor licensed to practice medicine in Canada regarding the renovations to the principal residence (See next page for further details). **The statement cannot be dated more than 12 months before the Superintendent receives it.**

Instructions for Completing Part 2F (continued) Withdrawal for Renovations to Your Principal Residence (Pages 10-11 of the Application)

Professionals such as chiropractors, physiotherapists, etc., **do not qualify** as medical doctors.

One or more of the following documents may satisfy this requirement for the purposes of the Application

- **Part 8 on page 20 of the Application, completed by a medical doctor**, or
- a separate statement (such as a letter) signed and dated by a medical doctor. It must state that the doctor is licensed to practice medicine in a jurisdiction in Canada and that, in the doctor's opinion, the person identified in Part 2F of the Application has an illness or disability that has lasted or may reasonably be expected to last for a continuous period of at least 12 months, and the renovations to the principal residence set out in Part 2F are or were necessary to give the person access to the residence or to enable the person to be mobile or functional there.

Question 5. How much money do you want to withdraw to pay for the renovations?

You cannot withdraw more than the amount that has been paid or will be paid for the renovations, based on receipts or estimates. The expenses you claim must be reasonable and cannot have been paid or be payable through any other source (such as a public or private health insurance program). This amount will be paid to you as a lump sum.

Additional Document(s) Required: You must attach to the end of the Application copies of receipts or estimates for the renovations. **A receipt or estimate cannot be dated more than 12 months before the Superintendent receives it.**

A receipt must be dated, show the amount paid and to whom the amount was paid.

An estimate must be dated, show the proposed amount to be paid, to whom the amount will be paid and the purpose of the payment.

Instructions for Completing Part 2G Withdrawal for Renovations to a Dependant's Principal Residence (Pages 12-13 of the Application)

Question 1. Have you ever applied under this category before?

If yes, provide the date and case number of your last successful Application for renovations to the **dependant's principal residence** to accommodate an illness or disability.

Question 2. Please provide information about the dependant.

For the definition of a "dependant" please see the definitions section of these Instructions on page 5.

If you want to apply for expenses to renovate the current or future principal residence of more than one dependant to accommodate illness or disability, you must get additional blank copies of Part 2G of the Application, complete a separate Part 2G for each person and attach the additional completed Part(s) to this Application.

Question 3. Please provide the address of the principal residence to be renovated.

Please provide the full address of your dependant's current or future principal residence to be renovated.

Instructions for Completing Part 2G (continued)
Withdrawal for Renovations to a Dependant's Principal Residence
(Pages 12-13 of the Application)

Question 4. Describe the renovations that have been or will be made to the principal residence.

The renovations must be necessary to enable the dependant to gain access to or be mobile or functional within the residence. Attach additional pages to the Application if you need more room to describe the renovations.

Example: a wheelchair ramp

Additional Document(s) Required: You must attach to the Application a statement signed by a medical doctor licensed to practice medicine in Canada regarding the renovations to the principal residence (see below for further details). **The statement cannot be dated more than 12 months before the Superintendent receives it.**

Professionals such as chiropractors, physiotherapists, etc., **do not qualify** as medical doctors.

One or more of the following documents may satisfy this requirement for the purposes of the Application:

- **Part 8 on page 20 of the Application, completed by a medical doctor,** or
- a separate statement (such as a letter) signed and dated by a medical doctor. It must state that the doctor is licensed to practice medicine in a jurisdiction in Canada and that, in the doctor's opinion, the dependant identified in Part 2G of the Application has an illness or disability that has lasted or may reasonably be expected to last for a continuous period of at least 12 months, and the renovations to the principal residence set out in Part 2G are or were necessary to give the dependant access to the residence or to enable the dependant to be mobile or functional there.

Question 5. How much money do you want to withdraw to pay for the renovations?

You cannot withdraw more than the amount that has been paid or will be paid for the renovations, based on receipts or estimates. The expenses you claim must be reasonable and cannot have been paid or be payable through any other source (such as a public or private health insurance program). This amount will be paid to you as a lump sum.

Additional Document(s) Required: You must attach to the end of the Application copies of receipts or estimates for the renovations. **A receipt or estimate cannot be dated more than 12 months before the Superintendent receives it.**

A receipt must be dated, show the amount paid and to whom the amount was paid.

An estimate must be dated, show the proposed amount to be paid, to whom the amount will be paid and the purpose of the payment.

Instructions for Completing Part 3 Withdrawal Deduction Amount Based on Assets (Pages 14-15 of the Application)

****Note: This is not a category of financial hardship.****

All applicants are required to complete this Part of the Application by listing their and their spouse's **assets** and **liabilities**.

Complete **Table 1** on page 14 of the Application.

Complete **Table 2** on Page 15 of the Application **only if** you are applying to withdraw money for a **dependant** under **Parts 2E, 2F or 2G**. Do **not** complete both Tables.

Be sure that you **do not leave any boxes blank** under **assets** and **liabilities**, otherwise your Application will be returned to you. For any assets or liabilities that you do not have, enter '0' in Column 2. Do **not** include the assets or liabilities of your spouse if you are living separate and apart on the date you sign the Application.

Filling out Table 1 or 2 of the Application:

List of Assets (owned by you or your spouse who is not living separate and apart from you on the date you sign the application e.g. cash, investments, etc.)

- 1. Real estate**
Property that you own other than your principal residence.
- 2. Cash and money in your bank account (e.g. savings)**
Please list the amount you have in the bank or financial institution.
- 3. Guaranteed investment certificates (GIC) and mutual fund investments**
If you do not own these types of investments, please enter "0".
- 4. RRSPs, RRIFs and annuities**
Other than any locked-in account owned by you or your spouse.
- 5. Stocks, bonds and other securities**
If you do not own these types of investments, please enter "0".
- 6. Any interest in a business or farm worth over \$50,000**
Include the value of an interest in a business or a farm that you or your spouse own (after deducting the value of the assets necessary to operate the business or farm, up to a maximum of \$50,000 for each business or farm).
- 7. Any other assets you or your spouse own**
Do not include any locked-in account, personal property related to principal residence, vehicles, personal possessions (e.g. clothing, jewelry, etc.), or tools needed for employment.

List of Liabilities (owed by you or your spouse who is not living separate and apart from you on the date you sign the application e.g. debts)

- 1. Debt secured against real estate**
For a mortgage on any property other than your principal residence.
- 2. Debt owed under a line of credit**
A line of credit with a bank or other financial institution.
- 3. Loans**
A loan with a bank or other financial institution. These do not include loans secured against excluded assets.
- 4. Credit card debt**
Total owed on all credit card balances.
- 5. Any other debts you or your spouse have**
Income tax, personal loans (such as money owed to family). These do not include debts secured against the excluded assets.

**Instructions for Completing Part 3 (continued)
Withdrawal Deduction Amount Based on Assets
(Pages 14-15 of the Application)**

How to determine if any money will be deducted from the amount that you are approved to withdraw under financial hardship, based on your assets in Part 3.

If your assets are greater than your liabilities, you may be expected to use certain assets before withdrawing money from a locked-in account.

In Table 1 in Part 3, page 14, you have listed all your assets and liabilities (the total for both should be entered in column 3).

Next, subtract your total liabilities from your total assets.

If the assets (cash/investments) are more than the liabilities (debts), the **difference** – that is, by how much the assets are greater than the liabilities – **will be deducted** from the total that you are approved to withdraw under any category of financial hardship.

Example 1:

Total assets	= \$2,000
<i>MINUS</i>	
Total liabilities	= \$5,000
Balance	= -\$3,000 (enter "0")

Since the balance is a **negative number** (liabilities are greater than assets), no amount will be deducted from the amount you are approved to withdraw.

Whenever the result is a **negative number**, a "0" is entered in the bottom right-hand box of the Table.

Example 2:

Total assets	= \$7,000
<i>MINUS</i>	
Total liabilities	= \$5,000
Balance	= \$2,000

Since the balance is a **positive number** (assets are greater than liabilities), this amount **will be deducted** from the amount you are approved to withdraw.

Instructions for Completing Part 4 Attestation by the Owner of the Locked-in Account (Page 16 of the Application)

You must sign this part of the Application to confirm (“attest”) that all information provided in the Application is true and accurate as of the date you sign this Application.

Your Application will be considered invalid if Part 4 of the Application is dated more than 60 days before the date the Superintendent receives it.

You must check only ONE of the four boxes in Part 4 of the Application regarding your marital status. (For the definition of a “spouse” see definitions section of these Instructions on page 5).

- I do not have a spouse (Part 6 does not need to be completed)
- I have a spouse, but on the date I sign this Attestation, I am living separate and apart from my spouse (your spouse does not sign Part 5 or Part 6)
- I have a spouse, but none of the money in the locked-in account is derived from a pension benefit provided in respect of my past or current employment (your current spouse does not sign Part 5 or Part 6)

The following is an example of a situation where you would select this option.

- Before you signed the Attestation in Part 4 of the Application, you had been in a relationship with a (now former) spouse and that relationship had broken down.
- As part of the settlement with your former spouse after the breakdown of your relationship, you became entitled to a share of the pension benefits that your former spouse was entitled to through his or her employment.
- Your share of the pension benefits that your former spouse was entitled to through his or her employment was transferred to a locked-in account that you are the owner of, and none of the money in that locked-in account is related to any pension benefits that you yourself became entitled to through your own employment.
- You subsequently started a new relationship with your current spouse, and while in this new relationship, you now apply to withdraw money from the locked-in account based on financial hardship.

In this situation, you do not need to get the consent of your current spouse to your application. Instead, you may check the box in Part 4 of the Application that says “I have a spouse, but none of the money in the locked-in account is derived from a pension benefit provided in respect of my past or current employment”.

- I have a spouse, and my spouse consents to the withdrawal of money from the locked-in account. **If your spouse consents, you will need your spouse to sign Part 5 and Part 6.**

Part 4 must be signed and dated by you, the owner of the locked-in account (“Signature of Owner”).

Your signature must also be witnessed by someone who is at least 18 years of age.

It is an offence under section 109 of the Ontario *Pension Benefits Act* to provide information in the Application and the documents that accompany the Application which is not accurate and complete, punishable on conviction by a maximum fine of \$100,000 for a first conviction, and a maximum fine of \$200,000 for any subsequent conviction.

It is also a criminal offence under sections 366 to 368 of the federal *Criminal Code* for anyone to knowingly make or use a false document with the intent that it be acted on as genuine, punishable on conviction by a maximum term of 10 years imprisonment.

**Instructions for Completing Part 5
Authorization Regarding Personal Information
(Page 17 of the Application)**

This authorization in Part 5 of the Application regarding your personal information must be signed and dated by you and your spouse. However, if you are living separate and apart from your spouse on the date you sign the Application, your spouse is not required to sign the authorization.

This authorization must also be signed by **every dependant** 16 years of age and older as **identified in Part 2E, 2F or 2G** of the Application.

**Instructions for Completing Part 6
Consent of the Owner's Spouse to the Withdrawal
(Page 18 of the Application)**

You will need your spouse to complete this Part if you checked the fourth box in Part 4 of the Application ("I have a spouse, and my spouse consents to the withdrawal of money from the locked-in account").

Your spouse is not obligated to consent to the Application. See page 18 of the Application for further information.

Your spouse's signature must also be witnessed by someone who is at least 18 years of age. As the owner of the locked-in account you may not witness your spouse's signature.

Do not complete this Part of the Application if you and your spouse are living separate and apart on the date you sign the Application, and you have checked the second box in Part 4 of the Application.

**Instructions for Completing Part 7
Statement of a Physician or Dentist Regarding Treatment of an Illness or Disability
(Page 19 of Application)**

You have the option of submitting Part 7 of the Application or having your doctor or dentist prepare a signed statement to attest to your (or your spouse's or dependant's) illness or disability and required medical or dental treatment.

Please see pages 11-12 of these Instructions ("Part 2E - Withdrawal for Medical Expenses") for details of the information required in the statement.

**Instructions for Completing Part 8
Statement of a Physician Regarding Renovations Due to an Illness or Disability
(Page 20 of Application)**

You have the option of submitting Part 8 of the Application or having your doctor prepare a signed statement attesting that renovations are required due to illness or disability of you, your spouse or a dependant.

Please see pages 12-13 of these Instructions ("Part 2F - Withdrawal for Renovations to Your Principal Residence" or "Part 2G - Withdrawal for Renovations to a Dependant's Principal Residence") for details of the information required in the statement.

Application Fee and Withholding Tax

Application Fee

PLEASE NOTE: Financial Services Commission of Ontario will not be charging the required fees on approved applications on/after April 1, 2009 and up to and including March 31, 2011.

When your Application to withdraw money from a locked-in retirement account is approved, there is an application fee payable to the Minister of Finance.

The application fee is 2% of the amount you are approved to withdraw.

The minimum application fee is \$200. The maximum application fee is \$600.

Examples:

Approved amount of **up to \$10,000** = application fee of **\$200**

Approved amount of \$15,000 = application fee of **\$300** (e.g. 2% of the amount approved to be withdrawn)

Approved amount of \$30,000 **and over** = application fee of **\$600**

Do not apply to unlock more money than what is in your locked-in account. If you do, the application fee will be based on the amount approved to be unlocked, even if this amount is greater than the value of your locked-in account.

When you present your Consent letter to the financial institution that administers your locked-in account **the application fee will be paid on your behalf from your locked-in account by your financial institution.**

Do not send a personal cheque or money order yourself.

Withholding Tax

You are required to pay withholding tax on any amount you withdraw from your locked-in account (including the application fee). The withholding tax is a prepayment for income tax and is a percentage of the amount you withdraw from your locked-in account at any particular time.

When you present your Consent letter to the financial institution that administers your locked-in account **the withholding tax will be remitted from you locked-in account by your financial institution directly to the Canada Revenue Agency.**

A total of three amounts will be withdrawn from your locked-in account. In order of priority, these are:

- the withholding tax **plus**
- the application fee **plus**
- the amount you are approved to unlock, subject to payment of the first two amounts and the total amount in your locked-in account.

If the total of these three amounts is greater than the amount of money in your locked-in account, the amount you receive will be reduced and the application fee and the withholding tax will be paid in full.

The withholding tax paid at the time you withdraw money from your locked-in account may not be the only income tax you will become liable to pay as a result of the withdrawal. **For more information on the withholding tax payable and any other possible tax consequences of withdrawing money from your locked-in account, contact the Canada Revenue Agency at 1-800-959-8281**

FOR FREE HELP IN FILLING OUT THE APPLICATION, CONTACT THE FINANCIAL SERVICES COMMISSION OF ONTARIO AT 416-250-7250 OR TOLL FREE AT 1-800-668-0128

You may also visit the Financial Services Commission of Ontario's website at
www.fsco.gov.on.ca/english/pensions/unlocking/

**Financial Services
Commission
of Ontario**

Chief Executive Officer and
Superintendent of Financial Services

5160 Yonge Street
Box 85, 17th Floor
Toronto ON M2N 6L9

Telephone: (416) 590-7000
Facsimile: (416) 590-7078

**Commission des
services financiers
de l'Ontario**

Directeur général et
surintendant des services financiers

5160, rue Yonge
boîte 85, 17^e étage
Toronto ON M2N 6L9

Téléphone: (416) 590-7000
Télécopieur: (416) 590-7078



Financial Services Commission of Ontario will not be charging the required fees on approved applications on/after April 1, 2009 and up to and including March 31, 2011.

Approved applications will still be subject to applicable withholding taxes at the time that funds are withdrawn from an Ontario locked-in account (Locked-In Retirement Accounts, Life Income Funds, Locked-in Retirement Income Funds)



Financial Services 5160 Yonge Street
Commission Box 85
of Ontario Toronto ON M2N 6L9

Form 6 For Financial Hardship Applications Signed in 2009

Application to the Superintendent of Financial Services for Consent to Withdraw Money from an Ontario Locked-in Retirement Account, Life Income Fund or Locked-in Retirement Income Fund Based on Financial Hardship

Approved pursuant to the Ontario *Pension Benefits Act* (R.S.O. 1990, c. P.8, as amended)

Use this Application to apply to the Superintendent of Financial Services for consent to withdraw money from an Ontario locked-in retirement account, life income fund or locked-in retirement income fund (referred to in this Application as a locked-in account) based on financial hardship. Please read the Instructions before completing the Application. The Instructions tell you which Parts of the Application to complete.

YOU CANNOT USE THIS APPLICATION TO APPLY TO WITHDRAW MONEY FROM YOUR LOCKED-IN ACCOUNT IF:

- **The money you seek to withdraw is currently in the pension fund of your current or former pension plan.** You can only apply to withdraw money that is in a locked-in account.
- **The money you seek to withdraw from your locked-in account is governed by the laws of the federal government or a province other than Ontario.** Money in your locked-in account will be governed by the laws of the federal government if it relates to your employment in a federally regulated industry, such as banking or interprovincial transportation. Money in your locked-in account will be governed by the laws of a province other than Ontario if it relates to your employment outside of Ontario.
- **You want to apply to withdraw or transfer money from your locked-in account because you face shortened life expectancy, you are at least 55 years old and the value of the money in every Ontario locked-in account you own is less than \$18,520, you have an amount in your locked-in account that exceeds federal *Income Tax Act* limits, you are a non-resident of Canada or you want to withdraw or transfer up to 25% of the money transferred into a life income fund.** These types of applications are to be made directly to the financial institution that administers your locked-in account, and you should contact your financial institution to find out how to make these types of applications.

YOU CANNOT APPLY TO WITHDRAW MONEY FROM YOUR LOCKED-IN ACCOUNT UNDER THE SAME CATEGORY OF FINANCIAL HARDSHIP UNTIL 12 MONTHS AFTER YOUR LAST SUCCESSFUL APPLICATION UNDER THAT CATEGORY.

When you have completed the Application, send it and any other required documents to the Superintendent of Financial Services, c/o the Financial Hardship Unlocking Section, 5160 Yonge Street, Box 85, Toronto ON M2N 6L9. **Do not send the Application to the financial institution that administers your locked-in account.**

The Superintendent can only consent to the withdrawal of money from your locked-in account if the amount you are able to withdraw is at least \$500. If the Superintendent consents to the withdrawal of money from your locked-in account, **an application fee and withholding tax will be deducted from the money withdrawn.** Please see page 19 of the Instructions for more details.

Part 1 Information About the Owner of the Locked-in Account

1. Provide the following information about yourself:

Last Name	First Name	Middle Name(s)	Date of Birth (Year / Month / Day)
Mailing Address	Street Number and Name	Suite No.	
City	Province/State	Country	Postal/Zip Code
(area code) Telephone Number (ext.)		(area code) Fax Number	

Part 1 (continued)
Information About the Owner of the Locked-in Account

2. What is the address of your current principal residence (as defined on page 5 of the Instructions)?

Principal Residence Address Street Number and Name		<input type="checkbox"/> Same as your Mailing Address, or:	Suite No.
City	Province/State	Country	Postal/Zip Code

3. If you have a spouse (as defined on page 5 of the Instructions) on the date you sign this Application, provide the following information about your spouse:

Last Name	First Name	Middle Name(s)	Date of Birth (Year / Month / Day)
Mailing Address Street Number and Name		<input type="checkbox"/> Same as your Mailing Address, or:	Suite No.
City	Province/State	Country	Postal/Zip Code
Telephone Number (area code) Telephone Number (ext.)		<input type="checkbox"/> Same as your Telephone Number, or:	

4. What is the policy number or account number of your locked-in account?

Check your locked-in account contract, or the statements you have received from your financial institution (bank, insurance company, etc.). If necessary, ask your financial institution.

Policy Number or Account Number of Your Locked-in Account (**insert only one Policy Number or Account Number**).

5. Have you attached a copy of the most recent statement respecting your locked-in account sent to you by the financial institution that administers your locked-in account?

Yes

No

Additional Document(s) Required: You **must** attach a copy of the most recent statement sent to you by the financial institution that administers your locked-in account. The statement must not be dated more than 12 months before the date the Superintendent receives it.

Part 1 continues on the next page.

Part 1 (continued)
Information About the Owner of the Locked-in Account

6. Only money in a locked-in account that was earned in Ontario and came from a pension plan that is governed by the Ontario *Pension Benefits Act* can be withdrawn using this Application. Pension plans sponsored by some employers in Ontario (such as banks, airlines, telecommunications companies, etc.) are generally not governed by the Ontario *Pension Benefits Act*. The financial institution that administers your locked-in account will refuse to allow the withdrawal of money that is not governed by the Ontario *Pension Benefits Act*. Was the money you are applying to withdraw from your locked-in account earned in Ontario and did the money come from a pension plan that is governed by the Ontario *Pension Benefits Act*?
 If you are unsure, ask your financial institution.

Yes

No

7. Provide the following information about the financial institution that administers your locked-in account:

Name of Financial Institution			
Mailing Address	Street Number and Name	Suite No.	
City	Province/State	Country	Postal/Zip Code
(area code) Telephone Number (ext.)		(area code) Fax Number	

Part 2A

Withdrawal Based on Low Income

Complete this Part **only** if you want to withdraw money from your locked-in account because your expected total income from all sources before taxes for the 12 months following the date you sign this Application is **less than \$30,866.67**.

1. **Have you ever applied to the Superintendent in the past to withdraw money from your locked-in account based on low income?**

Yes

No

If you answered "Yes", provide the date you signed your last successful Application based on low income, and the case number assigned by the Superintendent to that Application:

Date You Signed Your Last Successful Application (Year / Month / Day)	Case Number of Your Last Successful Application
---	---

You cannot apply again based on low income financial hardship until 12 months after the date you signed your last successful Application under this category of financial hardship.

2. **What is your expected total income from all sources before taxes for the 12 months following the date you sign this Application?**

\$ _____

Please see page 7 of the Instructions for more details on what to include in your expected income. You must complete this question if you wish to withdraw money under Part 2A. **Your expected total income must be less than \$30,866.67 for you to qualify to withdraw money from your locked-in account under this Part 2A.** If you do not expect to receive any income in the 12-month period, enter **ZERO**.

3. **How much money do you want to withdraw?**

\$ _____

In determining the amount that you enter above, the following points should be considered.

- You should **not** request an amount greater than your locked-in account balance.
- You should **not** request an amount greater than the maximum amount you are allowed to withdraw based on low income. For 2009, the maximum is \$23,150, minus 75% of your expected income in 2 above. A description and a sample calculation are provided below, along with a place for you to calculate your personal maximum withdrawal.
- Withdrawal of an amount less than \$500 is **not** permitted.
- Your net assets (assets less liabilities) as listed in Part 3 on page 14, if any, will be **deducted** from the amount requested here.

NOTE: The sample calculation assumes that an expected income under question 2 is \$1000.00

	Calculation Description	Sample Calculation	Your Calculation	
A	Maximum Withdrawal for 2009 Applications is \$23,150	\$23,150	\$23,150	A
B	Expected Income is amount entered in Question 2 above	\$1,000.00	Amount in 2 above	B
C	Deduction for Expected Income is 75% of amount in B	.75 X \$1,000 = \$750.00	.75 X Amount in B = \$	C
D	Maximum Allowable Amount is A minus C This is the maximum amount you can enter in #3 above	\$23,150 - \$750 = \$22,400	\$23,150 - Amount in C = \$	D

4. **How do you want the money paid to you?**

As a lump sum payment

As a series of 12 monthly payments

Part 2B
Withdrawal for a Debt Against Your Principal Residence

Complete this Part **only** if you want to withdraw money from your locked-in account because you or your spouse have received a written demand for payment of unpaid debt payments on a debt (such as a mortgage) secured against your principal residence and you could face eviction if the debt remains unpaid.

A debt secured against your principal residence could, for example, be a mortgage on that residence or a lien against that residence for unpaid municipal property taxes.

1. Have you ever applied to the Superintendent in the past to withdraw money from your locked-in account for a debt against your principal residence?

Yes

No

If you answered “Yes”, provide the date you signed your last successful Application for a debt against your principal residence, and the case number assigned by the Superintendent to that Application:

Date You Signed Your Last Successful Application (Year / Month / Day)	Case Number of Your Last Successful Application
---	---

You cannot apply again for a debt against your principal residence until 12 months after the date the Superintendent received your last successful Application under this category of financial hardship.

2. How much money do you want to withdraw to bring the debt into good standing?

\$ _____

You **cannot** withdraw more than the amount of the unpaid debt payments and any additional payment required to bring the debt into good standing, as set out in the written demand for payment from the creditor. This amount will be paid to you as a lump sum.

Additional Document(s) Required: You **must** attach a copy of the written demand for payment from the creditor. Please see page 9 of the Instructions for more details on what kinds of documents may qualify.

3. Do you want to withdraw an additional amount of up to 12 months’ worth of regular payments on the debt secured against your principal residence?

Yes

No

If you answered “Yes”, how much money do you want to withdraw?

\$ _____

You **cannot** withdraw more than 12 months’ worth of regular debt payments.

If you answered “Yes”, how do you want this additional amount paid to you?

As a lump sum payment

As a series of 12 monthly payments

Additional Document(s) Required: If the written demand for payment from the creditor does not set out the regular payment rate on the debt secured against your principal residence, you **must** attach additional documents that set out this information. Please see page 9 of the Instructions for more details on what kinds of documents may qualify.

**Part 2C
Withdrawal for Unpaid Rent**

Complete this Part **only** if you want to withdraw money from your locked-in account because you or your spouse have received a written demand for payment of unpaid rent on your principal residence and you could face eviction if the rent remains unpaid.

1. Have you ever applied to the Superintendent in the past to withdraw money from your locked-in account for unpaid rent?

Yes

No

If you answered “Yes”, provide the date you signed your last successful Application for unpaid rent and the case number assigned by the Superintendent to that Application:

Date You Signed Your Last Successful Application (Year / Month / Day)	Case Number of Your Last Successful Application
---	---

You cannot apply again for unpaid rent until 12 months after the date the Superintendent received your last successful Application under this category of financial hardship.

2. How much money do you want to withdraw to bring the tenancy into good standing?

\$ _____

You **cannot** withdraw more than the amount of the unpaid rent and any additional payment required to bring the tenancy into good standing, as set out in the written demand for payment from the landlord. This amount will be paid to you as a lump sum.

Additional Document(s) Required: You **must** attach a copy of the written demand for payment from the landlord. Please see page 10 of the Instructions for more details on what kinds of documents may qualify.

3. Do you want to withdraw an additional amount of up to 12 months’ worth of regular rental payments on your principal residence?

Yes

No

If you answered “Yes”, how much money do you want to withdraw?

\$ _____

You **cannot** withdraw more than 12 months’ worth of regular rental payment.

If you answered “Yes”, how do you want this additional amount paid to you?

As a lump sum payment

As a series of 12 monthly payments

Additional Document(s) Required: If the written demand for payment from the landlord does not set out the regular rental rate for your principal residence, you **must** attach additional documents that set out this information. Please see page 10 of the Instructions for more details on what kinds of documents may qualify.

Part 2D
Withdrawal for First and Last Months' Rent

Complete this Part **only** if you want to withdraw money from your locked-in account because you need money to pay first and last months' rent to rent a principal residence.

1. Have you ever applied to the Superintendent in the past to withdraw money from your locked-in account for first and last months' rent?

Yes

No

If you answered "Yes", provide the date you signed your last successful Application for first and last months' rent, and the case number assigned by the Superintendent to that Application:

Date You Signed Your Last Successful Application (Year / Month / Day)	Case Number of Your Last Successful Application
---	---

You cannot apply again for first and last month's rent until 12 months after the date the Superintendent received your last successful Application under this category of financial hardship.

2. What is the address of the residence you want to rent?

Street Number and Name		Suite No.	
City	Province/State	Country	Postal/Zip Code

3. How much money do you want to withdraw to pay for first and last months' rent on this residence?

\$ _____

You **cannot** withdraw more than what is required to pay first and last months' rent on this residence. This amount will be paid to you as a lump sum.

Part 2E

Withdrawal for Medical Expenses

Complete this Part **only** if you want to withdraw money from your locked-in account because you, your spouse or a dependant need money to pay medical expenses (including dental expenses) to treat an illness or physical disability of any of you. The medical expenses claimed in this Part must be reasonable and cannot have been paid or be payable through any other source (such as a public or private health insurance program).

You **cannot** apply for medical expenses for your spouse's illness or physical disability if you and your spouse are living separate and apart on the date you sign this Application.

If you want to apply for medical expenses to treat more than one person, you must get additional blank copies of this Part, complete a separate Part for each person and attach the additional completed Part(s) to this Application.

1. Have you ever applied to the Superintendent in the past to withdraw money from your locked-in account for medical expenses to treat the person identified in this Part?

Yes

No

If you answered "Yes", provide the date you signed your last successful Application for medical expense to treat that person, and the case number assigned by the Superintendent to that Application:

Date You Signed Your Last Successful Application (Year / Month / Day)	Case Number of Your Last Successful Application
---	---

You cannot apply again for medical expenses to treat the person identified in this Part until 12 months after the date the Superintendent received your last successful Application under this category of financial hardship about that person.

2. Who has the illness or physical disability?

The person with the illness or physical disability **must** be one of the following:

Yourself

Your spouse (but not if you and your spouse are living separate and apart on the date you sign this Application)

A dependant (as defined on page 5 of the Instructions)

If you answered "A dependant", provide the following information about the dependant:

Dependant's Last Name	First Name	Middle Name(s)	Date of Birth (Year / Month / Day)
Dependant's Mailing Address Street Number and Name		<input type="checkbox"/> Same as your Mailing Address, or: Suite No.	
City	Province/State	Country	Postal/Zip Code
Dependant's Telephone Number (area code) Telephone Number (ext.)		<input type="checkbox"/> Same as your Telephone Number, or:	

Part 2E continues on the next page.

Part 2E (Continued)
Withdrawal for Medical Expenses

3. Describe the goods and services that have been or will be purchased to treat the person’s illness or physical disability:

Goods or Services Purchased to Treat the Person’s Illness or Physical Disability (attach additional pages if necessary)

Additional Document(s) Required: You **must** attach a copy of a statement signed by a **medical doctor licensed to practice medicine in Canada, or a dentist licensed to practice dentistry in Canada**, regarding the goods and services. People who **do not qualify** as medical doctors include chiropractors, physiotherapists, etc. Please see page 11 of the Instructions for more details on what kinds of documents may qualify.

4. How much money do you want to withdraw to pay for the medical expenses?

\$ _____

You **cannot** withdraw more than the amount that has been paid or will be paid for the goods and services, based on receipts or estimates. The medical expenses you claim **must** be reasonable and **cannot** have been paid or be payable through any other source. This amount will be paid to you as a lump sum.

Additional Document(s) Required: You **must** attach copies of receipts or estimates for the goods and services purchased or to be purchased to treat the person’s illness or physical disability. Please see page 11 of the Instructions for more details on what kinds of documents may qualify.

5. Do you want to withdraw an additional amount for medical expenses to treat the person over the 12 months following the date you sign this Application?

Yes

No

If you answered “Yes”, how much money do you want to withdraw?

\$ _____

You **cannot** withdraw more than the amount that has been paid or will be paid for the medical expenses, based on receipts or estimates. The medical expenses you claim **must** be reasonable and **cannot** have been paid or be payable from any other source.

If you answered “Yes”, how do you want this additional amount paid to you?

As a lump sum payment

As a series of 12 monthly payments

Additional Document(s) Required: You **must** attach copies of receipts or estimates for the goods and services purchased or to be purchased to treat the person’s illness or physical disability over the 12 months following the date you sign this Application. Please see page 12 of the Instructions for more details on what kinds of documents may qualify.

Part 2F
Withdrawal for Renovations to Your Principal Residence

Complete this Part **only** if you want to withdraw money from your locked-in account because you, your spouse or a dependant need money to pay expenses to renovate **your** current or future principal residence to accommodate an illness or physical disability of any of you. The expenses claimed in this Part must be reasonable and cannot have been paid or be payable through any other source (such as a public or private health insurance program).

You **cannot** apply for expenses related to your spouse’s illness or physical disability if you and your spouse are living separate and apart on the date you sign this Application.

If you want to apply for expenses to renovate your current or future principal residence to accommodate the illnesses or physical disabilities of more than one person, you must get additional blank copies of this Part, complete a separate Part for each person and attach the additional completed Part(s) to this Application.

1. Have you ever applied to the Superintendent in the past to withdraw money from your locked-in account for renovations to your principal residence to accommodate the person identified in this Part?

- Yes
- No

If you answered “Yes”, provide the date you signed your last successful Application for renovations to your principal residence to accommodate that person, and the case number assigned by the Superintendent to that Application:

Date You Signed Your Last Successful Application (Year / Month / Day)	Case Number of Your Last Successful Application
---	---

You cannot apply again for renovations to your principal residence to accommodate the person identified in this Part until 12 months after the date the Superintendent received your last successful Application under this category of financial hardship about that person.

2. Who has the illness or physical disability?

The person with the illness or physical disability **must** be one of the following:

- Yourself
- Your spouse (but not if you and your spouse are living separate and apart on the date you sign this Application)
- A dependant (as defined on page 5 of the Instructions)

If you answered “A dependant”, provide the following information about the dependant:

Dependant’s Last Name	First Name	Middle Name(s)	Date of Birth (Year / Month / Day)
Dependant’s Mailing Address Street Number and Name		<input type="checkbox"/> Same as your Mailing Address, or:	Suite No.
City	Province/State	Country	Postal/Zip Code
Dependant’s Telephone Number (area code) Telephone Number (ext.)		<input type="checkbox"/> Same as your Telephone Number, or:	

Part 2F continues on the next page.

Part 2F (Continued)
Withdrawal for Renovations to Your Principal Residence

3. What principal residence has been or will be renovated?

The principal residence **must** be one of the following:

Your current principal residence

Your future principal residence, located at the following address:

Street Number and Name			Suite No.
City	Province/State	Country	Postal/Zip Code

4. Describe the renovations that have been or will be made to the principal residence:

The renovations **must** be necessary to enable the person to gain access to or be mobile or functional within the residence.

Renovations Made to the Principal Residence (attach additional pages if necessary)

Additional Document(s) Required: You **must** attach a copy of a statement signed by a **medical doctor licensed to practice medicine in Canada** regarding the renovations to the principal residence. People who **do not qualify** as medical doctors include chiropractors, physiotherapists, etc. Please see page 12-13 of the Instructions for more details on what kinds of documents may qualify.

5. How much money do you want to withdraw to pay for the renovations?

\$ _____

You **cannot** withdraw more than the amount that has been paid or will be paid for the renovations, based on receipts or estimates. The expenses you claim **must** be reasonable and **cannot** have been paid or be payable from any other source. This amount will be paid to you as a lump sum.

Additional Document(s) Required: You **must** attach copies of receipts or estimates for the renovations. Please see page 13 of the Instructions for more details on what kinds of documents may qualify.

Part 2G
Withdrawal for Renovations to a Dependant's Principal Residence

Complete this Part **only** if you want to withdraw money from your locked-in account because you, your spouse or a dependant need money to pay expenses to renovate **that dependant's** current or future principal residence to accommodate an illness or physical disability of the dependant. The expenses claimed in this Part must be reasonable and cannot have been paid or be payable through any other source (such as a public or private health insurance program).

If you want to apply for expenses to renovate the current or future principal residences of more than one dependant, you must get additional blank copies of this Part, complete a separate Part for each dependant and attach the additional completed Part(s) to this Application.

1. Have you ever applied to the Superintendent in the past to withdraw money from your locked-in account for renovations to the dependant's principal residence identified in this Part?

Yes

No

If you answered "Yes", provide the date you signed your last successful Application for renovations to that dependant's principal residence, and the case number assigned by the Superintendent to that Application:

Date You Signed Your Last Successful Application (Year / Month / Day)	Case Number of Your Last Successful Application
---	---

You cannot apply again for renovations to the dependant's principal residence identified in this Part until 12 months after the date the Superintendent received your last successful Application under this category of financial hardship about that dependant.

2. Please provide the following information about the dependant:

Dependant's Last Name	First Name	Middle Name(s)	Date of Birth (Year / Month / Day)
Dependant's Mailing Address Street Number and Name		<input type="checkbox"/> Same as your Mailing Address, or: Suite No.	
City	Province/State	Country	Postal/Zip Code
Dependant's Telephone Number (area code) Telephone number (ext.)		<input type="checkbox"/> Same as your Telephone Number, or:	

Part 2G continues on the next page.

Part 2G (Continued)
Withdrawal for Renovations to a Dependant's Principal Residence

3. Provide the address of the principal residence that has been or will be renovated:

The principal residence **must** be either the dependant's current or future principal residence, and must be different than your current or future principal residence.

Principal Residence Address Street Number and Name	<input type="checkbox"/> Same as the Dependant's Mailing Address, or:	Suite No.
City	Province/State	Country
Postal/Zip Code		

4. Describe the renovations that have been or will be made to the principal residence:

The renovations **must** be necessary to enable the dependant to gain access to or be mobile or functional within the residence.

Renovations Made to the Principal Residence (attach additional pages if necessary)

Additional Document(s) Required: You **must** attach a copy of a statement signed by a **medical doctor licensed to practice medicine in Canada** regarding the renovations to the principal residence. People who **do not qualify** as medical doctors include chiropractors, physiotherapists, etc. Please see page 14 of the Instructions for more details on what kinds of documents may qualify.

5. How much money do you want to withdraw to pay for the renovations?

\$ _____

You **cannot** withdraw more than the amount that has been paid or will be paid for the renovations, based on receipts or estimates. The expenses you claim **must** be reasonable and **cannot** have been paid or be payable from any other source. This amount will be paid to you as a lump sum.

Additional Document(s) Required: You **must** attach copies of receipts or estimates for the renovations. Please see page 14 of the Instructions for more details on what kinds of documents may qualify.

Part 3
Withdrawal Deduction Amount Based on Assets

The value of some of the assets you and your spouse own **must be deducted** from the amount you are able to withdraw from your locked-in account under Parts 2A to 2G of this Application. If you are claiming expenses for a dependant who has an illness or physical disability (in Part 2E, 2F or 2G), the value of some of that dependant's assets **must also be deducted** from the amount you are able to withdraw.

You **must** complete either **Table 1** or **Table 2** in this Part (**but not both**) to calculate the amount, if any, that will be deducted from the amount you are able to withdraw. **Complete Table 1** if you have **not** claimed expenses for a dependant named in this Application. **Complete Table 2** if you **have** claimed expenses for a dependant named in this Application.

If the amount you are able to withdraw under Parts 2A to 2G of this Application minus the deduction amount calculated in this Part is less than \$500, you will **not** be allowed to withdraw any money from your locked-in account.

Table 1 Assets and Liabilities of the Owner and his or her Spouse		
Column 1	Column 2	Column 3
Add up the market value of all assets you and your spouse own on the date you sign this Application, according to the following categories of assets. See page 15 of the Instructions for assets that are <u>not counted</u>.		You must put a number (even if it is 0 (zero)) in every box.
1. Real estate (not including your principal residence)	\$	
2. Cash and money on deposit with a bank or other financial institution	\$	
3. Guaranteed investment certificates and mutual fund investments	\$	
4. Registered retirement savings plans, registered retirement income funds and annuities (not including any locked-in RRSP, locked-in retirement account, life income fund or locked-in retirement income fund)	\$	
5. Stocks, bonds and other securities	\$	
6. Any interest in a business or farm (not including an interest in a business or farm as described on page 15 of the Instructions)	\$	
7. Any other assets you and your spouse own (not including any assets described on page 15 of the Instructions)	\$	
Total Market Value of Assets (move this amount to column 3)	\$	\$
Add up all liabilities you and your spouse have on the date you sign this Application, according to the following categories of liabilities. See page 15 of the Instructions for liabilities that are <u>not counted</u>.		You must put a number (even if it is 0 (zero)) in every box.
1. Debt secured against real estate (not including any debt secured against your principal residence)	\$	
2. Debt owed under a line of credit	\$	
3. Loans (not including any loans secured against any assets described on page 15 of the Instructions)	\$	
4. Credit card balances	\$	
5. Any other debts you and your spouse have (not including any debts secured against any assets described on page 15 of the Instructions)	\$	
Total Liabilities (move this amount to column 3)	\$	\$
Subtract the Total Liabilities from the Total Market Value of Assets in Column 3. If the result is a negative number, please enter 0 (zero) and no amount will be deducted from the amount you are able to withdraw. IF THE RESULT IS A POSITIVE NUMBER, THIS AMOUNT WILL BE <u>DEDUCTED</u> FROM THE AMOUNT YOU ARE ABLE TO WITHDRAW.		\$

Table 2 of Part 3 is found on the next page.

Part 3 (Continued)
Withdrawal Deduction Amount Based on Assets

Table 2 Assets and Liabilities of the Owner, his or her Spouse and Dependant(s)		
Column 1	Column 2	Column 3
Add up the market value of all assets you, your spouse and the dependant(s) named in this Application own on the date you sign this Application, according to the following categories of assets. See page 15 of the Instructions for assets that are <u>not counted</u>.		You must put a number (even if it is 0 (zero)) in every box.
1. Real estate (not including your principal residence or the principal residence(s) of the dependant(s) named in this application)	\$	
2. Cash and money on deposit with a bank or other financial institution	\$	
3. Guaranteed investment certificates and mutual fund investments	\$	
4. Registered retirement savings plans, registered retirement income funds and annuities (not including any locked-in RRSP, locked-in retirement account, life income fund or locked-in retirement income fund)	\$	
5. Stocks, bonds and other securities	\$	
6. Any interest in a business or farm (not including an interest in a business or farm as described on page 15 of the Instructions)	\$	
7. Any other assets you, your spouse and the dependant(s) named in this Application own (not including any assets described on page 15 of the Instructions)	\$	
Total Market Value of Assets (move this amount to column 3)	\$	\$
Add up all liabilities you, your spouse and the dependant(s) named in this Application have on the date you sign this Application, according to the following categories of liabilities. See page 15 of the Instructions for liabilities that are <u>not counted</u>.		You must put a number (even if it is 0 (zero)) in every box.
1. Debt secured against real estate (not including any debt secured against your principal residence or the principal residence(s) of the dependant(s) named in this application)	\$	
2. Debt owed under a line of credit	\$	
3. Loans (not including any loans secured against any assets described on page 15 of the Instructions)	\$	
4. Credit card balances	\$	
5. Any other debts you, your spouse and the dependant(s) named in this Application have (not including any debts secured against any assets described on page 15 of the Instructions)	\$	
Total Liabilities (move this amount to column 3)	\$	\$
Subtract the Total Liabilities from the Total Market Value of Assets in Column 3. If the result is a negative number, please enter 0 (zero) and no amount will be deducted from the amount you are able to withdraw. IF THE RESULT IS A POSITIVE NUMBER, THIS AMOUNT WILL BE <u>DEDUCTED</u> FROM THE AMOUNT YOU ARE ABLE TO WITHDRAW.		\$

You must complete either Table 1 or Table 2 in this Part (but not both) for this Application to be complete.

Part 4
Attestation by the Owner of the Locked-in Account

You **must** sign this Application by completing and signing the Attestation in this Part. **Please read the Instructions for completing the Attestation found on page 17 of the Instructions before you complete the Attestation.**

Attestation

I own the locked-in account identified in Part 1 of this Application. I hereby apply to the Superintendent of Financial Services for consent to withdraw from the locked-in account the amount set out in Parts 2A to 2G of this Application, as well as the fee approved by the Minister of Finance for making this Application and any withholding tax payable on the money withdrawn from the account.

If the Superintendent consents to the withdrawal of money from the locked-in account, I authorize the financial institution that administers the locked-in account to pay the fee approved by the Minister of Finance from my account to the Minister of Finance, c/o the Financial Services Commission of Ontario.

I attest* that on the date I sign this Attestation:
 (Check only one of the boxes below.)

- I do not have a spouse†
- I have a spouse†, but on the date I sign this Attestation, I am living separate and apart from my spouse
- I have a spouse†, but none of the money in the locked-in account is derived from a pension benefit provided in respect of my past or current employment
- I have a spouse†, and my spouse consents to the withdrawal of money from the locked-in account
(If you check this box, you will need your spouse to complete Part 6 of this Application.)

I also attest* that:

- (a) all of the information contained in this Application and the documents that accompany this Application is accurate and complete;
- (b) the money I am applying to withdraw from the locked-in account is governed by the Ontario *Pension Benefits Act*;
- (c) if I have completed Part 2D of this Application, the amount claimed in that Part is the amount necessary to pay first and last months' rent on the residence identified in that Part; and
- (d) if I have completed Part 2E, 2F or 2G of this Application, the expenses claimed in that Part are reasonable and are not subject to reimbursement from any other source.

I understand that:

- (a) any money withdrawn from the locked-in account will no longer be exempt under section 66 of the Ontario *Pension Benefits Act* from execution, seizure or attachment by persons such as creditors;
- (b) it is an offence under the Ontario *Pension Benefits Act* to provide information in this Application which is not true, accurate and complete, punishable on conviction by a maximum fine of \$100,000 for a first conviction, and a maximum fine of \$200,000 for any subsequent conviction; and
- (c) it is a criminal offence under the federal *Criminal Code* for anyone to knowingly make or use a false document with the intent that it be acted on as genuine, punishable on conviction by a maximum term of 10 years imprisonment.

Signature of Witness			Signature of Owner		Date Signed (Year / Month / Day)	
Name of Witness (print) Last Name First Name Middle Name(s)			The owner of the locked-in account must sign this Attestation in the presence of the witness. FOR FREE HELP IN FILLING OUT THIS APPLICATION, CONTACT THE FINANCIAL SERVICES COMMISSION OF ONTARIO AT 416-250-7250 OR TOLL FREE AT 1-800-668-0128. * By attesting, you are certifying that this statement is true. † As defined in the Ontario <i>Pension Benefits Act</i> .			
Witness Address Street Number and Name Suite No.						
City Province/State Country						
(area code) Witness Telephone Number (ext.)		Postal/Zip Code				

Part 5
Authorization Regarding Personal Information

The Authorization in this Part **must** be signed by you and your spouse. In addition, this Authorization **must also** be signed by every dependant identified in Part 2E, 2F and 2G of this Application. However, your spouse is not required to sign the Authorization if you are living separate and apart from your spouse on the date you sign this Application.

Each person should read the Authorization and, if the person agrees to the terms set out in the Authorization, sign and date the Authorization in the appropriate place at the bottom of the Authorization. Please also fill in the name of any dependant that signs the Authorization. If any required person does not sign the Authorization, this Application **will not be complete**.

The Authorization will not be valid for the purposes of this Application if any required person signs the Authorization more than 60 days before the date the Superintendent receives it.

The information in this Application is collected under the authority of the Ontario *Pension Benefits Act* and the regulations made thereunder. The collection, use, disclosure, retention and disposal of information in this Application is regulated by the Ontario *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990, c. F.31, as amended). If you have any questions about the collection of this information, **but not about this Application itself**, please contact the Manager, Financial Hardship Unlocking Section, at 416-250-7250 or toll free at 1-800-668-0128.

Authorization

If this Application relates to medical expenses to treat my illness or physical disability, I authorize my physician or dentist, as the case may be, to give the Superintendent any information relating to my illness or disability and the goods and services that are the subject of the claim for medical expenses.

If this Application relates to expenses for renovations to a principal residence to accommodate my illness or physical disability, I authorize my physician to give the Superintendent any information relating to my illness or disability and the renovations which are the subject of the claim for expenses.

If this Application is based on low income, I, the owner of the locked-in account, authorize my employer to give the Superintendent details of my employment earnings and benefits for the period covered by this Application and any other information relating to this Application.

I authorize my financial institution to give the Superintendent any information relating to my financial records to verify any information provided about me in this Application.

I authorize any other person referred to in this Application to provide information to the Superintendent with respect to this Application and the documents accompanying this Application, to assist the Superintendent in understanding them and verifying their authenticity, and to assist the Superintendent in verifying the circumstances of financial hardship set out in this Application.

Signature of Owner				Date Signed (Year / Month / Day)
Signature of Owner's Spouse				Date Signed (Year / Month / Day)
Signature of Dependant	Dependant's Last Name	First Name	Middle Name(s)	Date Signed (Year / Month / Day)
Signature of Dependant	Dependant's Last Name	First Name	Middle Name(s)	Date Signed (Year / Month / Day)
Signature of Dependant	Dependant's Last Name	First Name	Middle Name(s)	Date Signed (Year / Month / Day)

**Part 6
Consent of the Owner's Spouse to the Withdrawal**

This Part needs to be completed **only** if the owner of the locked-in account attests in Part 4 of this Application that the owner has a spouse who consents to the withdrawal of money from the account. The owner of the locked-in account cannot complete this Part.

If you are the spouse of the owner of the locked-in account and you are asked to consent to this Application to withdraw money from the owner's account, you should get advice from a lawyer about your rights and the legal consequences of signing the Consent below. You are not obligated to sign the Consent below.

If you wish to consent, then please read the Consent below. If you are satisfied that the Consent correctly describes your situation, then, **in the presence of a witness (someone who is not the owner of the locked-in account)**, please sign, date and fill in the information on the right side of the bottom of the Consent, and have your witness sign and fill in the information on the left side of the bottom of the Consent.

The Consent will not be valid for the purposes of this Application if the Consent is dated more than 60 days before the date the Superintendent receives it.

Consent

I am the spouse of the owner of the locked-in account identified in Part 1 of this Application.					
I understand that:					
(a) the owner is making an application to withdraw money from the locked-in account, and that the owner cannot withdraw the money from the locked-in account without my consent;					
(b) as long as this money is kept in the locked-in account, I may have a right to a share of this money if there is a breakdown in our relationship or if the owner dies; and					
(c) if any money is withdrawn from the locked-in account, I may lose any right that I have to a share of the money withdrawn.					
I consent to the owner's application to withdraw money from the locked-in account.					
I give my consent by signing and dating this Consent in the presence of a witness.					
Signature of Witness		Signature of Owner's Spouse		Date Signed (Year / Month / Day)	
Name of Witness (print) Last Name First Name Middle Name(s)		Name of Owner's Spouse (print) Last Name First Name Middle Name(s)			
Witness Address		Street Number and Name		Suite No.	
City		Province/State		Country	
(area code) Witness Telephone Number (ext.)		Postal/Zip Code		The Owner's Spouse must sign this Consent in the presence of the witness.	

Part 7
Statement of a Physician or Dentist Regarding Treatment of an Illness or Disability

This Part is optional and can be completed if the owner of the locked-in account has completed Part 2E of this Application. If completed, this Part qualifies as a statement signed by a medical doctor licensed to practice medicine in Canada or a dentist licensed to practice dentistry in Canada regarding goods and services purchased to treat a person's illness or physical disability.

The owner of the locked-in account cannot complete this Part.

If you are a physician licensed to practice medicine in a jurisdiction in Canada or a dentist licensed to practice dentistry in a jurisdiction in Canada, you may complete the Physician's or Dentist's Statement below for the purposes of this Application. If you wish to complete the Statement, please check only one of the boxes in the Statement and fill in the other information needed to complete the top of the Statement. Read the completed Statement and if you are satisfied that the Statement correctly describes the situation of the person identified in Part 2E of this Application, then please sign, date and fill in the information at the bottom of the Statement.

The Physician's or Dentist's Statement will not be valid for the purposes of this Application if the Statement is dated more than 12 months before the date the Superintendent receives it.

Physician's or Dentist's Statement

I am a:
 (Check only one of the boxes below.)

physician licensed to practice medicine in a jurisdiction in Canada
 dentist licensed to practice dentistry in a jurisdiction in Canada

In my opinion,

(Print the name of the person identified in Part 2E of this Application who has or had the illness or physical disability.)

has an illness or physical disability and the following goods or services are or were necessary for this person's treatment:

(Print the goods and services identified in Part 2E of this Application that are or were necessary for this person's treatment.
 Attach additional pages if necessary.)

Physician or Dentist Name (print)	Physician or Dentist Signature	Date Signed (Year / Month / Day)
-----------------------------------	--------------------------------	----------------------------------

Physician or Dentist Address	Street Number and Name	Suite No.
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City	Province	Postal Code						
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(area code) Physician or Dentist Telephone Number (ext.)
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Part 8
Statement of a Physician Regarding Renovations Due to an Illness or Disability

This Part is optional and can be completed if the owner of the locked-in account has completed Part 2F or 2G of this Application. If completed, this Part qualifies as a statement signed by a medical doctor licensed to practice medicine in Canada regarding renovations to a principal residence due to a person’s illness or physical disability.

The owner of the locked-in account cannot complete this Part.

If you are a physician licensed to practice medicine in a jurisdiction in Canada, you may complete the Physician’s Statement below for the purposes of this Application. If you wish to complete the Statement, please fill in the information needed to complete the top of the Statement and then read the completed Statement. If you are satisfied that the Statement correctly describes the situation of the person identified in Part 2F or 2G of this Application, then please sign, date and fill in the information at the bottom of the Statement.

The Physician’s Statement will not be valid for the purposes of this Application if the Statement is dated more than 12 months before the date the Superintendent receives it.

Physician’s Statement

I am a physician licensed to practice medicine in a jurisdiction in Canada. In my opinion,

(Print the name of the person identified in Part 2F or 2G of this Application who has the illness or physical disability.)

has an illness or physical disability that has lasted or may reasonably be expected to last for a continuous period of at least 12 months. In my opinion, the following renovations to the residence located at

(Print the address of the principal residence that requires renovations identified in Part 2F or 2G of this Application.)

are or were necessary to give this person access to the residence or to enable this person to be mobile or functional there:

(Print the renovations identified in Part 2F or 2G of this Application that are or were necessary to give this person access to the residence or to enable this person to be mobile or functional within the residence. Attach additional pages if necessary.)

Physician Name (print)	Physician Signature	Date Signed (Year / Month / Day)
Physician Address	Street Number and Name	Suite No.
City	Province	Postal Code
(area code) Physician Telephone Number (ext.)		