



Department of Environment and Labour
Pension Regulation Division

Form 11

Application to a Financial Institution to Withdraw Money From a LIRA or LIF because of considerably shortened life expectancy (subsection 28(2) of the *Pension Benefits Regulations*)

Use this Application if you want to apply to a financial institution to withdraw money from your Nova Scotia LIRA or LIF because you have a mental or physical disability that is likely to considerably shorten your life expectancy.

When you have completed the application, give it and any other required document to the financial institution that administers your LIRA or LIF.

1 Provide the following information about yourself:

Last name	First name	Middle initial(s)	Date of birth (year/month/day)
Mailing address		Street number and name Suite no.	
City		Province	Postal code
(Area code) Telephone number (ext).		(Area code) Fax number	

2 What is the policy number or account number of your LIRA or LIF from which you wish to withdraw money? Check your LIRA or LIF contract, or the statements you have received from your financial institution. If necessary, ask your financial institution.

Policy number or account number of your LIRA or LIF

3 How much money do you want to withdraw from your LIRA or LIF? Check only one box:

- All of the money in your LIRA or LIF.**
- The amount of \$_____ , which is equal to or less than all of the money in your LIRA or LIF.**

Fill in how much money you want to withdraw.

Note: To qualify for this type of withdrawal, your application must include a statement signed by a physician licensed to practice medicine in a jurisdiction in Canada. It must state that, in the physician's opinion, you have a mental or physical disability that is likely to shorten considerably your life expectancy.

Applicant

Date:_____ Signature:_____

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Statement of a Physician for a Withdrawal Based on Shortened Life Expectancy

If the owner of the LIRA or LIF is applying to withdraw money from the LIRA or LIF because the owner has a mental or physical disability that is likely to shorten considerably the owner's life expectancy, the owner's application must include a statement signed by a physician licensed to practice medicine in a jurisdiction in Canada. It must state that, in the physician's opinion, the owner has such a mental or physical disability. This requirement will be satisfied if a physician completes the Physician's Statement set out below.

The owner of the LIRA or LIF cannot complete the Physician's Statement.

If you are a physician licensed to practice medicine in a jurisdiction in Canada, you may complete the Physician's Statement below in order to provide your opinion for the purposes of the owner's application. If you wish to complete the Physician's Statement below, please fill in the owner's name at the top of the Statement and read the Statement. If you are satisfied that the Statement correctly describes the owner's situation, then please sign, date and fill in the information at the bottom of the Statement.

You, the physician, are not required to complete the Physician's Statement below in order to provide your opinion for the purposes of the owner's application. You may provide your opinion in another written and signed format (such as a letter) if you prefer, as long as you state that you are a physician licensed to practice medicine in a jurisdiction in Canada and that in your opinion, the owner has a mental or physical disability that is likely to shorten considerably his or her life expectancy.

Physician's Statement

<p>I am a physician licensed to practice medicine in a jurisdiction in Canada. In my opinion,</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(print the name of the applicant identified in this application)</p> <p>has a mental or physical disability that is likely to shorten considerably his or her life expectancy.</p>						
Physician's name (print)		Physician's signature			Date (year/month/day)	
Physician's address (street number and name)					Suite no.	
City		Province			Postal code	