



Superintendent of Pensions
P.O. Box 982
Edmonton, Alberta T5J 2L8
Phone: (780) 415-9225
Fax: (780) 644-7279

For Office Use Only	
Date Received:	
Data Entry Date:	FILE NUMBER
Review Completed Date:	

Issued May 14, 2003. Updated January 2, 2008

Application for Access to Alberta Locked-in Funds due to Financial Hardship

This application form is used to determine your eligibility to access your locked-in funds due to situations of financial hardship under section 41.1 of the *Employment Pension Plans Regulation*. Definitions of terms used in this form and instructions for completing the form are set out as a separate appendix.

BEFORE YOU COMPLETE THIS APPLICATION, please read the [detailed instructions and policy guide](#) (Appendix) along with the application form, as you may be eligible to release funds under other unlocking provisions. If you need a copy of the instructions, please contact our office.

There is no filing fee associated with the review of the application and there is no requirement to have an independent service provider complete these forms and submit them on your behalf.

ALL PAGES OF THIS APPLICATION FORM MUST BE SUBMITTED. YOUR APPLICATION WILL NOT BE REVIEWED UNTIL ALL PAGES ARE RECEIVED.

INCOMPLETE APPLICATION FORMS WILL BE RETURNED TO THE APPLICANT.

Before mailing the application form to the above address, please ensure that:

- | | <u>Checklist</u> |
|--|--------------------------|
| • You have attached a copy of the most recent statement of your locked-in account. | <input type="checkbox"/> |
| • You have indicated your reason for applying. | <input type="checkbox"/> |
| • You have included all documents that support your claim of financial hardship. | <input type="checkbox"/> |
| • Your pension partner has completed PART FOUR (A) of the Application (if applicable). | <input type="checkbox"/> |
| • You have completed PART FOUR (B) of the Application. | <input type="checkbox"/> |

No documents included with this application form will be returned to you.

PLEASE MAIL OR FAX THE COMPLETED FORM AND ALL SUPPORTING DOCUMENTS TO THE ADDRESS / FAX NUMBER INDICATED ABOVE.

PART ONE – General Information

Name of Applicant: _____ Birth date: ____/____/____
(Mr./Mrs./Ms.) Last First Middle (Day / Month / Year)

Mailing Address: _____
Address

City Province Postal Code

Phone: (____) _____ E-Mail: _____

Is the address of your principal residence the same as the above? Yes No
If no, please provide that address:

Address

City Province Postal Code

Have you previously applied under this program?

Yes No

Please note that you are only permitted to apply TWICE in every 12-month period.

Pension Partner Information

A pension partner is: (a) the person you are legally married to, unless you have been separated for three or more years or (b) your common law partner, provided that you have been living with that person for at least three years (or less, if there is a child as a result of the relationship).

Do you have a pension partner as of the date of completing this application form? Yes No

Name of Pension Partner: _____
Last First Middle

Dependant Information

Complete this section ONLY if you are applying under Reason 4, 5, or 8 (see page 5, 6, and 7 of this Application) and the claim of financial hardship applies to your dependant. If this is the case, please provide the following information:

Name of Dependant: _____
Last First Middle

Refer to page 1 of the instructions appendix for the definition of a dependant.

PART TWO

Locked-in Account Information

You must attach a copy of the most recent account statement of your locked-in account. The statement cannot be older than 12 months prior to the date this Application form is completed.

The documents included with this form, and/or the Statement of Expected Income, must support the amount you claim as financial hardship. *For example, if you are seeking \$5,000 from your account then the sum of the financial obligations indicated on the documents must equal at least \$5,000.* There will be NO exceptions to this requirement.

1. What is the net amount you wish to receive from your locked-in account (after ALL taxes and/or fees have been deducted)?

Lump Sum: \$ _____ AND / OR Monthly Installment: \$ _____ (if applicable)
Number of Installments: _____ (maximum of 12)

The amount your financial institution will release from your locked-in account is the dollar value that is needed to provide you with the amount the Superintendent authorizes PLUS any fees, service charges, and/or taxes that may be applicable. Your financial institution can determine the gross amount to be released from the locked-in account.

The minimum withdrawals amounts are:

- a lump sum payment of \$500 or
- monthly installments of \$200 (if applicable).

2. (a) Which Financial Institution holds the locked-in account?

3. (b) Have you included the most recent copy of your locked-in account statement that includes your account number, account balance, and the effective date?

Yes

No

4. Have you applied for access to benefits under AISH or SFI, and been denied access due to your ownership of a locked-in retirement account?

Yes

No

(*According to Section 85.3 of the Act and Section 67.1 of the Regulations, you cannot be denied income support from an Alberta government sponsored programs due to ownership of Alberta Locked-in Funds. This change is effective August 10, 2006).

Locked-in Account Information

You must attach a copy of the most recent statement of your locked-in account that your financial institution sent you. The statement cannot be older than 12 months prior to the date this Application form is completed.

5. (a) As of the date of application, is the dollar value of your whole locked-in account less than \$8,980? Yes No

(If yes, you are not required to apply through the Financial Hardship program to release funds. Please see page 2 of the instructions.)

6. If you are 50 years of age or older, have you already unlocked 50% of your locked-in account using the 50% Unlocking provision?
 Yes No

If you are 50 years of age or older, you may have the option to unlock up to 50% of your locked-in account without applying to the Superintendent of Pensions. Please see page 2 of the instructions for further details.

7. **How did you obtain the locked-in account?** Check

- (a) Did you transfer the pension money from your pension plan of your former employer?
In this situation, your pension partner (if you have one) **must** complete PART FOUR (A) (page 8) of the Application.

If yes, what company did you work for when you earned the pension and in what province did you work on your **last day** of employment?

Company Name: _____ Province of Employment: _____

- (b) Did you obtain the funds as a result of the death of a pension partner? If yes, PART
FOUR (A) **does NOT** have to be completed.

If yes, what company did your pension partner worked for when they earned the pension and in what province did they work on their last day of employment?

Company Name: _____ Province of Employment: _____

- (c) Did you obtain the funds from a former pension partner as a result of a marriage
breakdown? If yes, PART FOUR (A) **does NOT** have to be completed.

If yes, what company did your pension partner worked for when they earned the pension and in what province did they work on their last day of employment?

Company Name: _____ Province of Employment: _____

PART THREE – Locked-in Account Access Criteria

**You can apply under all reasons that relate to your situation but you must include the necessary supporting documents for each reason.
THERE ARE NO EXCEPTIONS TO THIS REQUIREMENT.**

REASON

1. You or your pension partner face eviction from a rented principal residence due to rental arrears.

Supporting documents you **MUST** include:

- Copy of the Eviction of Tenancy Notice stating the date of eviction, the amount of the outstanding rent, and the regular monthly rent payment; **OR,**
- Copy of the Distress for Rent document, stating the date, the amount of the outstanding rent, and the regular monthly rent payment.
- If you live in Alberta, written confirmation from Alberta Employment, Immigration and Industry, stating that you have been denied assistance through the Homelessness and Eviction Prevention Fund.** (See page 5 of the Instructions for an explanation. You can contact the Homelessness and Eviction Prevention Fund at 1-866-644-5135.)

2. You or your pension partner risk foreclosure of a mortgage on your principal residence.

Supporting documents you **MUST** include:

- Copy of the Notice of Impending Foreclosure of Mortgage stating the date of foreclosure / or legal action against the mortgagee, the amount of outstanding mortgage payments, and the regular monthly mortgage payment.

3. You or your pension partner require first and last months' rent (or security deposit) on your principal residence.

Supporting documents you **MUST** include:

- Copy of the Lease/Rent Agreement showing the monthly rent for the unit and/or the security deposit.
- If you live in Alberta, written confirmation from Alberta Employment, Immigration and Industry, stating that you have been denied assistance through the Homelessness and Eviction Prevention Fund.** (See page 5 of the Instructions for an explanation. You can contact the Homelessness and Eviction Prevention Fund at 1-866-644-5135.)

PART THREE – Locked-in Account Access Criteria Continued

You can apply under all reasons that relate to your situation but you must include the necessary supporting documents. THERE ARE NO EXCEPTIONS TO THIS REQUIREMENT.

REASON

4. You have medical expenses (including medication) not covered by insurance, a benefit plan, or a Government program to treat your, your pension partner’s illness or disability.

Supporting documents you **MUST** include:

- Copy of the Invoice detailing the costs of the treatment and/or medication.
- Written opinion of a physician and/or dentist certifying the treatment is reasonable to treat the illness or disability. (Not necessary for prescriptions).

5. You need to renovate your principal residence due to your, your pension partner’s, or your dependant’s disability.

Supporting documents you **MUST** include:

- Copy of the invoice or estimate of the contractor to alter the principal residence.
- Written opinion of a physician certifying you, your pension partner, or your dependant has an illness or disability that is expected to last at least one year.
- Written confirmation that the cost of the renovation to the principal residence is not covered by public homecare or private insurance.

6. Over the next twelve (12) months, you expect to earn less than \$29,933 (before taxes).

Statement of Expected Income – *Only provide YOUR annual income before taxes. Do not include income from other family members. If you do not currently have any income, and you are not guaranteed income in the next 12 months, it is acceptable to use “zero” as your statement of expected income.*

Step One: **How much income do you expect to earn, before taxes, over the next 12 months?** \$ _____

x 0.75

Step Two: **Take 75% of that amount** = \$ _____ (A)

Step Three: **\$22,450 minus (A)** = \$ _____ (B)

The value of (B) is the maximum that you can qualify for under Reason 6 – Low Income in 12 months. If you have successfully applied under Reason 6 and apply again within a 12-month period, the information on those previous applications and the amounts that were released to you may impact how much you may receive on this application.

PART THREE – Locked-in Account Access Criteria Continued

You can apply under all reasons that relate to your situation but you must include the necessary supporting documents for each reason.

THERE ARE NO EXCEPTIONS TO THIS REQUIREMENT.

REASON

7. Legal proceedings have been started that require you to pay outstanding income taxes.

Supporting documents you **MUST** include:

- Copy of a Writ of Seizure or a Copy of a Requirement to Pay (R.T.P.), issued by Canada Revenue Agency against your locked-in retirement account. *(If Canada Revenue Agency has not already commenced legal action against you, then you are not eligible to apply under this reason.)*

8. You, your pension partner, or your dependant is experiencing a financial hardship not identified above.

Supporting documents you **MUST** include:

- Written explanation of your situation, including an explanation of any life altering events which caused the financial hardship, and clarification of how long you have been experiencing the hardship.
- Documents that detail the exact costs of the hardship and/or prove your claim of financial hardship. Note that the Locked-in Account Advisory Committee will NOT release funds without documentation. There is no exception to this requirement.

- **If you apply under Reason 8, your application will be reviewed by The Locked-in Account Advisory Committee, which meets once per month.**

- 8a. You are a registered debtor under the Maintenance Enforcement Program of Alberta, and your maintenance payments are in arrears.

Supporting documents you **MUST** include:

- Copy of the **recent** maintenance enforcement order. (This document must indicate both the outstanding amount owed and the minimum monthly payment).

Note:

This application may be referred to the Locked-in Account Advisory Committee (LAAC) at the Superintendent's discretion. LAAC meets on a monthly basis and may review any information filed with the Superintendent of Pensions in consideration of this application. Applications will be processed once LAAC has completed its review and made its recommendation.

PART FOUR (A) – Pension Partner Agreement to the Withdrawal of Locked-in Funds due to Financial Hardship

If you are the pension partner of the Applicant and you are asked to complete this Agreement, you are encouraged to get legal advice about your rights and the legal consequences of signing the Agreement below. The Agreement must be completed in the presence of a witness other than the Applicant and the Applicant cannot complete this part. You are not obligated to sign the Agreement and the Applicant must not be present when it is signed.

Agreement

I am the pension partner of the Applicant and I understand that:

- (a) the Applicant seeks to withdraw money from a locked-in account and that the Applicant cannot withdraw the money from the locked-in account without my permission;
- (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 Applicant 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 that is withdrawn.

I agree to the withdrawal of money as indicated in PART TWO of this Application from the locked-in account and I give my agreement by signing and dating this Agreement in the presence of a witness.

Signature of the witness

Signature of the **pension partner**

Name of witness (Print)
Last Name First Name Middle Name

Name of **pension partner** (Print)
Last Name First Name Middle Name

Date signed (day/month/year)

The Applicant’s pension partner must sign the Agreement in the presence of a witness. The witness cannot be the Applicant.

This document is void if signed more than 60 days before the Superintendent receives it.

The personal information that you provide on this form and any attachments will be used for the purpose of administering the financial hardship provisions of the *Employment Pension Plans Act* (RSA 2000). It is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (RSA 2000). It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, you can contact the Alberta Superintendent of Financial Institutions at the telephone number and address listed at the beginning of this form.

PART FOUR (B) – Certification of the Applicant

The Applicant **must** complete this application signing below the certification. **Please ensure that you have read and understood all parts of the Application before completing the certification.**

Certification

I am the Applicant identified in PART ONE of the Application. I hereby apply to the Superintendent for consent to withdraw from the locked-in account the amounts identified in PART TWO of this Application, plus any withholding tax payable, plus any contractual payments that may be payable to the financial institution holding the locked-in funds.

I declare that on the date I sign this certification:

- (a) all the information contained in this Application and the documents that accompany this Application are accurate and complete;
- (b) the money I am applying to withdraw from the locked-in account is governed by the Alberta *Employment Pension Plans Act*;

Further, I understand that:

- (c) any money withdrawn from the locked-in account will no longer be exempt under section 85 of the *Employment Pension Plans Act* from execution, seizure, or attachment by persons such as creditors;
- (d) it is an offence under the *Employment Pension Plans Act* to provide information in this Application which is not true, accurate, and complete, punishable on conviction by a maximum fine of \$100,000;
- (e) it is an offence under the federal *Criminal Code* to knowingly make or use a false document with the intent that it be acted on as genuine. Such actions are punishable on conviction by a maximum term of 10 years imprisonment;
- (f) the information in this application form will be reviewed by the office of the Superintendent and that this information may be forwarded to a Locked-in Account Advisory Committee for further consideration and recommendation to the Superintendent in making the final decision regarding the Application;
- (g) relevant information from this application will be disclosed to the Director of the Maintenance Enforcement Program when necessary; and
- (h) a letter from the Superintendent that consents to the withdrawal of an amount from the locked-in account shall be mailed to the address identified on page 2 of this application. At the discretion of the Superintendent, a copy may be faxed directly to my financial institution that administers the account provided that the name and contact information for the account manager is provided to the Superintendent.

Signature of the witness

Signature of the **Applicant**

Name of witness (Print)
Last Name First Name Middle Name

Date signed (day/month/year)

The Applicant must sign this consent in the presence of a witness.

This document is void if signed more than 60 days before the Superintendent receives it.

The personal information that you provide on this form and any attachments will be used for the purpose of administering the financial hardship provisions of the *Employment Pension Plans Act* (RSA 2000). It is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (RSA 2000). It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, you can contact the Superintendent of Pensions at the telephone number and address listed at the beginning of this form.