



Financial Services 5160 Yonge Street  
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of Ontario 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 2008

**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.**

#### Table of Contents

	<u>Page(s)</u>
General Information About Making an Application .....	2
Definitions for the Purpose of the Application .....	3
Which Parts of the Application to Complete .....	4
Additional Information and Instructions for Completing These Parts of the Application: .....	5
Part 2A - Withdrawal Based on Low Income .....	5 to 6
Part 2B - Withdrawal for a Debt Against Your Principal Residence .....	7
Part 2C - Withdrawal for Unpaid Rent .....	8
Part 2E - Withdrawal for Medical Expenses .....	9
Part 2F - Withdrawal for Renovations to Your Principal Residence .....	10
Part 2G - Withdrawal for Renovations to a Dependant's Principal Residence .....	11
Part 3 - Withdrawal Deduction Amount Based on Assets .....	12
Part 4 - Attestation by the Owner of the Locked-in Account .....	13
Part 5 - Authorization Regarding Personal Information .....	13
Part 6 - Consent of the Owner's Spouse to the Withdrawal .....	14
Part 7 - Statement of a Physician or Dentist Regarding Treatment of an Illness or Disability .....	14
Part 8 - Statement of a Physician Regarding Renovations Due to an Illness or Disability .....	14
What to Do Once You Have Completed All Required Parts of the Application .....	14 to 15
Application Fee .....	15
Withholding Tax .....	15

## General Information About Making an Application

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 can 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 4 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**.

### **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 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 can only apply to withdraw money that is governed by the Ontario *Pension Benefits Act*.** If the Superintendent does consent to a withdrawal based on the information provided in the Application and it subsequently becomes apparent that the money you seek to withdraw from your locked-in account is not governed by the Ontario *Pension Benefits Act*, **the financial institution that administers your locked-in account will not be able to release the money.**
- **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 \$17,960, 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 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.**

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 15 of these Instructions for more details.

**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.**

**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 about the effect a withdrawal may have on your eligibility for government benefits, 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.**

When you have completed the required Parts of 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.**

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

## 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**.

## Which Parts of the Application to Complete

Before completing any Part of the Application, please read these Instructions on this page. Most of the instructions for completing the Application are found on the Application itself. The following pages contain additional information and instructions on how to complete certain Parts of the Application.

When completing the Application, please type or print legibly in ink.

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.

You **must** complete the following Parts of the Application:

- Part 1
- Part 3
- Part 4
- Part 5

You **must** also complete one or more of the following Parts of the Application to indicate what category or categories of financial hardship you are applying under:

- Part 2A **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 \$29,933.33 (for Applications signed in 2008).
- Part 2B **Withdrawal for a Debt Against Your Principal Residence** - You need money to avoid eviction from your principal residence due to unpaid debt payments on a debt (such as a mortgage) secured against that residence.
- Part 2C **Withdrawal for Unpaid Rent** - You need money to avoid eviction from your principal residence due to unpaid rent on that residence.
- Part 2D **Withdrawal for First and Last Months' Rent** - You need money to pay first and last months' rent to rent a principal residence.
- Part 2E **Withdrawal for Medical Expenses** - You, your spouse or a dependant need money to pay medical expenses (including dental expenses) to treat an illness or physical disability that any of you have.
- Part 2F **Withdrawal for Renovations to Your Principal Residence** - 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 that any of you have.
- Part 2G **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.

The following Parts of the Application **may also be required** to be completed:

- Part 6 Only if you indicate in Part 4 that your spouse consents to the withdrawal of money from your locked-in account.
- Part 7 Only if you complete Part 2E and want a medical doctor or dentist to complete Part 7 to show that the goods and services identified in Part 2E were necessary to treat an illness or physical disability.
- Part 8 Only if you complete Part 2F or 2G and want a medical doctor to complete Part 8 to show that the renovations to the principal residence identified in Part 2F or 2G were necessary to accommodate an illness or physical disability.

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.

## Additional Instructions for Completing Part 2A of the Application Withdrawal Based on Low Income

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

You are **not** entitled to withdraw money from your locked-in account based on low income unless your expected total income is **less than \$29,933.33\*** (for Applications signed in 2008).

For the purposes of the Application, your expected total income from all sources before taxes **does not include:**

- 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.

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 above),
- interest and dividend income on any investment,
- inheritances and contest winnings, and
- any other income from any other source.

\* This amount is equal to two-thirds of the Year's Maximum Pensionable Earnings (YMPE) for 2008. The YMPE is a dollar figure set each year in relation to the Canada Pension Plan. A new YMPE is set for every year, which means that the Maximum Withdrawal Limit will change each year.

## Additional Instructions for Completing Part 2A of the Application (Continued) Withdrawal Based on Low Income

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

You **cannot** withdraw more than the maximum amount allowed. If you fill in a greater amount than allowed, you will be deemed to have requested the maximum amount allowed.

The **MAXIMUM AMOUNT** you may withdraw based on low income (for Applications signed in 2008) is equal to \$22,450\* **minus** 75% of the amount you fill in for question 2 in Part 2A (i.e., your expected total income from all sources before taxes for the 12 months following the date you sign the Application).

This means that the greater your expected total income is, the less you will be able to withdraw from your locked-in account. For example, if your expected total income is equal to or greater than \$29,933.33 (for Applications signed in 2008), you will **not** be able to withdraw any money from your locked-in account based on low income. If, on the other hand, your expected total income is zero, you may be able to withdraw the maximum amount of \$22,450 (not including any additional amounts you may be able to withdraw under Parts 2B to 2G of the Application).

Note that the **APPLICATION FEE** you must pay to withdraw money from your locked-in account is 2% of the amount you are entitled 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 entitled to withdraw, even if this maximum amount is greater than the value of your locked-in account.**

For example, if a person applies to withdraw money from his or her locked-in account based on low income (and not under any additional category of financial hardship) where his or her expected total income is zero and he or she has no assets for the purposes of Part 3 of the Application, he or she would be entitled to withdraw a maximum amount of \$22,450 from his or her locked-in account. If he or she asks for the maximum amount allowed to be withdrawn in Part 2A of the Application, then the application fee will be \$449 (which is 2% of \$22,450), regardless of how much money is in his or her locked-in account. If there is only \$10,000 in his or her locked-in account and he or she asks for \$10,000 (not the maximum amount allowed) in Part 2A of the Application, on the other hand, then the application fee will be \$200 (which is 2% of \$10,000).

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\* This amount is equal to 50% of the Year's Maximum Pensionable Earnings (YMPE) for 2008. The YMPE is a dollar figure set each year in relation to the Canada Pension Plan. A new YMPE is set for every year, which means that the Maximum Withdrawal Limit will change each year.

## Additional Instructions for Completing Part 2B of the Application Withdrawal for a Debt Against Your Principal Residence

### Question 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 to the Application a copy of the written demand for payment from the creditor. It **cannot** be dated more than 12 months before the Superintendent receives it and it **must** show:

- there is a debt secured against your principal residence,
- a default has occurred in the payment of that debt,
- the amount of debt payments in default and, if applicable, any additional amount required to bring the debt into good standing,
- the creditor has demanded payment of these amounts,
- you could face eviction from your residence if the amounts remain unpaid, and
- the date of the document.

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

- a letter from the creditor that sets out the information mentioned above,
- a Statement of Claim for Possession and Payment by the creditor issued by a court in relation to your principal residence,
- a Statement of Claim for Foreclosure by the creditor issued by a court in relation to your principal residence
- a notice from the creditor exercising a power of sale over your principal residence,
- a notice respecting arrears of municipal property taxes that is filed with a land registry office in relation to your principal residence, or
- a Writ of Seizure and Sale filed with a land registry office in relation to your principal residence.

### Question 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?

If you want to withdraw this additional amount, you **cannot** withdraw more than 12 months' worth of regular debt 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 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 **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:

- 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.

## Additional Instructions for Completing Part 2C of the Application Withdrawal for Unpaid Rent

### Question 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 to the Application a copy of the written demand for payment from the landlord. It **cannot** be dated more than 12 months before the date the Superintendent receives it and it **must** show:

- you or your spouse are renting your principal residence,
- rental payments are in arrears for that residence,
- the amount of rental payments that are in arrears and, if applicable, any additional amount required to bring the tenancy into good standing,
- the landlord has demanded payment of these amounts,
- you could face eviction from your residence if the amounts remain unpaid, and
- the date of the document.

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 information mentioned above, or
- a notice to terminate a tenancy issued by the landlord in relation to your principal residence under the Ontario *Tenant Protection Act*.

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

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.



## Additional Instructions for Completing Part 2E of the Application Withdrawal for Medical Expenses

**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 a copy of a statement signed by a medical doctor licensed to practice medicine in Canada, or a dentist who is licensed to practise dentistry in Canada, regarding the goods and services. It **cannot** be dated more than 12 months before the Superintendent receives it.

If the goods or services are not of a dental nature, the statement must be signed by a medical doctor. If the goods or services are of a dental nature, the statement must be signed by a dentist.

People who **do not qualify** as medical doctors include chiropractors, physiotherapists, etc.

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

- Part 7 of the Application, completed by a medical doctor or a dentist (as applicable), or
- a separate statement (such as a letter) signed and dated by a medical doctor (for goods and services that are not of a dental nature) or a dentist (for goods and services that are of a dental nature). 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 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 (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.

**Question 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?**

If you want to withdraw this additional amount, 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.

## Additional Instructions for Completing Part 2F of the Application Withdrawal for Renovations to Your Principal Residence

### Question 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. Attach additional pages to the Application if you need more room to describe the renovations.

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

People who **do not qualify** as medical doctors include chiropractors, physiotherapists, etc.

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

- Part 8 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.

## Additional Instructions for Completing Part 2G of the Application Withdrawal for Renovations to a Dependant's Principal Residence

### 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.

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

People who **do not qualify** as medical doctors include chiropractors, physiotherapists, etc.

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

- Part 8 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.

## How to Complete Part 3 of the Application Calculation of the 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 the 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 Part 3 (but not both)** to calculate the amount, if any, that must be deducted from the amount you are able to withdraw. Please follow the instructions in Part 3 of the Application and in the Table you must complete.

If the amount you are able to withdraw under Parts 2A to 2G of the Application **minus** the deduction amount calculated in Part 3 is less than \$500, you will **not** be allowed to withdraw any money from your locked-in account.

The following assets **do not count** for the purposes of Tables in Part 3:

- If you complete **either Table 1 or Table 2**, do **not** include the market value of:
  - Any assets owned by your spouse, if you and your spouse are living separate and apart on the date you sign the Application.
  - Your principal residence and any personal property related to its use.
  - Motor vehicles.
  - Personal effects, including clothing and jewellery.
  - Tools of the trade that are essential to the employment of yourself or your spouse.
  - Any locked-in account.
- If you complete **Table 1**, do **not** include the market value of:
  - Assets that are necessary to the operation of a business or farm operated by you or your spouse, up to a maximum of \$50,000 for each of you and for each business or farm. However, if any of you operate and have an interest in the same business or farm, the total amount for that business or farm cannot be greater than \$50,000.
- If you complete **Table 2**, do **not** include the market value of:
  - The principal residence of any dependant identified in Part 2E, 2F or 2G of the Application, and any personal property related to its use.
  - Tools of the trade that are essential to the employment of any dependant identified in Part 2E, 2F or 2G of the Application.
  - Assets that are necessary to the operation of a business or farm operated by you, your spouse or any dependant identified in Part 2E, 2F or 2G of the Application, up to a maximum of \$50,000 for each of you and for each business or farm. However, if any of you operate and have an interest in the same business or farm, the total amount for that business or farm cannot be greater than \$50,000.

The following liabilities **do not count** for the purposes of the Tables in Part 3:

- If you complete **either Table 1 or Table 2**, do **not** include:
  - Any liabilities your spouse has, if you and your spouse are living separate and apart on the date you sign the Application.
  - Any liabilities which are secured against any assets you do not count when you complete either Table 1 or Table 2, as described above.

You **must complete either Table 1 or Table 2 in Part 3 (but not both)** for the Application to be complete.

## How to Complete Part 4 of the Application Attestation by the Owner of the Locked-in Account

You **must** sign the Application by completing and signing the Attestation in Part 4 of the Application.

Please read the definition of “spouse” on page 3 of these Instructions and the Attestation in Part 4 of the Application. Then check only one of the boxes at the top of the Attestation. Read the Attestation again and if you are satisfied that the Attestation correctly describes your situation, then, **in the presence of a witness**, please sign and date the Attestation on the right side of the bottom of the Attestation, and have your witness sign and fill in the information on the left side of the bottom of the Attestation.

The following is an example of a situation where you would check the box 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**”:

- 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”.

**The Attestation in Part 4 of the Application will not be valid for the purposes of the Application if it is dated more than 60 days before the date the Superintendent receives it.**

**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.**

## How to Complete Part 5 of the Application Authorization Regarding Personal Information

The Authorization in Part 5 of the Application **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 the 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 the Application. See the instructions found in Part 5 of the Application for more details.

## How to Complete Part 6 of the Application Consent of the Owner's Spouse to the Withdrawal

Part 6 of the Application needs to be completed **only** if you attest in Part 4 of the Application that you have a spouse who consents to the withdrawal of money from your locked-in account. If you attest to this in Part 4, you must obtain your spouse's consent to the Application. See the instructions found in Part 6 of the Application for more details.

**Your spouse is not obligated to consent to the Application.**

## How to Complete Part 7 of the Application Statement of a Physician or Dentist Regarding Treatment of an Illness or Disability

Part 7 of the Application is optional if you have completed Part 2E of the Application and are applying 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. See the instructions found in Part 7 of the Application for more details.

## How to Complete Part 8 of the Application Statement of a Physician Regarding Renovations Due to an Illness or Disability

Part 8 of the Application is optional if you have completed Part 2F or 2G of the Application and are applying to withdraw money from your locked-in account because you, your spouse or a dependant need money to pay expenses to renovate a principal residence to accommodate an illness or physical disability. See the instructions found in Part 8 of the Application for more details.

## What to Do Once You Have Completed All Required Parts of the Application

Once you have completed the required Parts of the Application for the category or categories of financial hardship that you want to apply under, please send the completed Application and any other required documents (as set out in these Instructions and the Parts of the Application that you have completed) to the Superintendent at the following address:

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

**Do not send the Application or any other required documents to the financial institution that administers your locked-in account.**

Please remember that the Application will **not** be valid if it is signed and dated more than 60 days before the date the Superintendent receives it. Any other required documents will **not** be valid for the purposes of the Application if they are dated more than 12 months before the date the Superintendent receives them.

Please keep these Instructions, a copy of the completed Application and the originals of any other required documents for your records.

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

## What to Do Once You Have Completed All Required Parts of the Application (Continued)

**If you qualify** under a category or categories of financial hardship set out in the Application, the Superintendent will send you a written Consent to withdraw money from your locked-in account. You may then give the Consent to the financial institution that administers your locked-in account and the financial institution will pay the money out to you. The Consent is only valid for 12 months after the date on the Consent.

**If you do not qualify** under a category or categories of financial hardship set out in the Application, the Superintendent will send you written notice that the Superintendent proposes to refuse to consent to the withdrawal of money from your locked-in account. You then have the right to request a hearing before the Financial Services Tribunal to review the Superintendent's proposed refusal.

## Application Fee

If the Superintendent consents to the withdrawal of money from your locked-in account, you must pay an **application fee** to the Minister of Finance. The application fee is equal to 2% of the amount you are entitled to withdraw based on the Application, with a minimum fee of \$200 and a maximum fee of \$600.

**The application fee will be calculated using the total amount you apply for and are entitled to withdraw based on the Application, even if this total amount is greater than the value of your locked-in account.**

For example, if a person applies for and is entitled to withdraw \$30,000 from his or her locked-in account, then the application fee will be \$600 (which is 2% of \$30,000), regardless of how much money is in his or her locked-in account. If there is only \$10,000 in his or her account and he or she had applied for and had been entitled to withdraw \$10,000, then the application fee would only be \$200 (which is 2% of \$10,000).

## 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. The financial institution that administers your locked-in account will remit the withholding tax directly to the Canada Revenue Agency at the time you make a withdrawal.

If the Superintendent consents to the withdrawal of money from your locked-in account, the Superintendent's consent will authorize a withdrawal equal to the amount you are entitled to withdraw based on the Application, **plus** the application fee **and an additional amount** to cover the withholding tax payable on both the amount you are entitled to withdraw and the application fee. If this is more than the amount of money in your locked-in account, the amount you receive may be reduced.

**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.



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

## Form 6 For Financial Hardship Applications Signed in 2008

### 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 \$17,960, 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 15 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 3 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 3 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 \$29,933.33**.

**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 5 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 \$29,933.33 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 2008, the maximum is \$22,450, 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 2008 Applications is <b>\$22,450</b>	\$22,450	\$22,450	A
B	Expected Income is <b>amount entered in Question 2 above</b>	\$1,000.00	<b>Amount in 2 above</b>	B
C	Deduction for Expected Income is <b>75% of amount in B</b>	.75 X \$1,000 = \$750.00	.75 X <b>Amount in B</b> = \$	C
D	Maximum Allowable Amount is <b>A minus C</b> This is the maximum amount you can enter in #3 above	\$22,450 - \$750 = \$21,700	\$22,450 - <b>Amount in C</b> = \$	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
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***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 7 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 7 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 8 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 8 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 3 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 9 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 9 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 9 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 3 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 10 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 10 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 11 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 11 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.

<b>Table 1</b> <b>Assets and Liabilities of the Owner and his or her Spouse</b>		
Column 1	Column 2	Column 3
Add up the <b>market value of all assets</b> you and your spouse own on the date you sign this Application, according to the following categories of assets. <b>See page 12 of the Instructions for assets that are <u>not counted</u>.</b>		<b>You must put a number (even if it is 0 (zero)) in every box.</b>
1. Real estate ( <b>not</b> 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 ( <b>not</b> 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 ( <b>not</b> including an interest in a business or farm as described on page 12 of the Instructions)	\$	
7. Any other assets you and your spouse own ( <b>not</b> including any assets described on page 12 of the Instructions)	\$	
<b>Total Market Value of Assets</b> (move this amount to column 3)	\$	\$
Add up all <b>liabilities</b> you and your spouse have on the date you sign this Application, according to the following categories of liabilities. <b>See page 12 of the Instructions for liabilities that are <u>not counted</u>.</b>		<b>You must put a number (even if it is 0 (zero)) in every box.</b>
1. Debt secured against real estate ( <b>not</b> including any debt secured against your principal residence)	\$	
2. Debt owed under a line of credit	\$	
3. Loans ( <b>not</b> including any loans secured against any assets described on page 12 of the Instructions)	\$	
4. Credit card balances	\$	
5. Any other debts you and your spouse have ( <b>not</b> including any debts secured against any assets described on page 12 of the Instructions)	\$	
<b>Total Liabilities</b> (move this amount to column 3)	\$	\$
Subtract the <b>Total Liabilities</b> from the <b>Total Market Value of Assets</b> 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. <b>IF THE RESULT IS A POSITIVE NUMBER, THIS AMOUNT WILL BE <u>DEDUCTED</u> FROM THE AMOUNT YOU ARE ABLE TO WITHDRAW.</b>		\$

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

**Part 3 (Continued)**  
**Withdrawal Deduction Amount Based on Assets**

<b>Table 2</b> <b>Assets and Liabilities of the Owner, his or her Spouse and Dependant(s)</b>		
Column 1	Column 2	Column 3
Add up the <b>market value of all assets</b> 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. <b>See page 12 of the Instructions for assets that are <u>not counted</u>.</b>		<b>You must put a number (even if it is 0 (zero)) in every box.</b>
1. Real estate ( <b>not including your principal residence or the principal residence(s) of the dependant(s) named in this application</b> )	\$	
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 ( <b>not including any locked-in RRSP, locked-in retirement account, life income fund or locked-in retirement income fund</b> )	\$	
5. Stocks, bonds and other securities	\$	
6. Any interest in a business or farm ( <b>not including an interest in a business or farm as described on page 12 of the Instructions</b> )	\$	
7. Any other assets you, your spouse and the dependant(s) named in this Application own ( <b>not including any assets described on page 12 of the Instructions</b> )	\$	
<b>Total Market Value of Assets</b> (move this amount to column 3)	\$	\$
Add up all <b>liabilities</b> 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. <b>See page 12 of the Instructions for liabilities that are <u>not counted</u>.</b>		<b>You must put a number (even if it is 0 (zero)) in every box.</b>
1. Debt secured against real estate ( <b>not including any debt secured against your principal residence or the principal residence(s) of the dependant(s) named in this application</b> )	\$	
2. Debt owed under a line of credit	\$	
3. Loans ( <b>not including any loans secured against any assets described on page 12 of the Instructions</b> )	\$	
4. Credit card balances	\$	
5. Any other debts you, your spouse and the dependant(s) named in this Application have ( <b>not including any debts secured against any assets described on page 12 of the Instructions</b> )	\$	
<b>Total Liabilities</b> (move this amount to column 3)	\$	\$
Subtract the <b>Total Liabilities</b> from the <b>Total Market Value of Assets</b> 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. <b>IF THE RESULT IS A POSITIVE NUMBER, THIS AMOUNT WILL BE <u>DEDUCTED</u> FROM THE AMOUNT YOU ARE ABLE TO WITHDRAW.</b>		\$

**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 13 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)			<b>The owner of the locked-in account must sign this Attestation in the presence of the witness.</b>  <b>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.</b>  * 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.	<b>The Owner's Spouse must sign this Consent in the presence of the witness.</b>	
City                      Province/State                      Country		
(area code) Witness Telephone Number (ext.)                      Postal/Zip Code		

**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.
City	Province	Postal Code
(area code) Physician or Dentist Telephone Number (ext.)		

**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.)		