

**SCHEDULE 2
(Section 8)**

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

FORM 1

ATTESTATION REGARDING WITHDRAWAL BASED ON FINANCIAL HARDSHIP

1. **To:** (insert name of financial institution) _____
2. **List of applicable federally regulated locked-in plans:** (Please identify any locked-in registered retirement savings plan, life income fund, restricted locked-in savings plan or restricted life income fund that is held by the financial institution identified above and from which you intend to withdraw or transfer funds).
- (a) _____
- (b) _____
- (c) _____

3. **Attestation**

I, (insert name) _____, of (insert address) _____, in the city of _____, in the province of _____, attest to the following:

I own the federally regulated locked-in plan(s) identified in Item 2. On the day on which I sign this Attestation (choose all that apply):

(A) Withdrawal for Expenditures on Medical or Disability-related Treatment or Adaptive Technology.

- (a) _____ My total expected income for the calendar year, determined in accordance with the *Income Tax Act* (excluding the withdrawal referred to in line G below and any withdrawal made under paragraph 20(1)(d), 20.1(l)(m), 20.2(l)(e) or 20.3(l)(m) of the *Pension Benefits Standards Regulations, 1985* within the last 30 days before this application) is \$ _____;
- (b) _____ I submit a letter signed by a physician certifying that medical or disability-related treatment or adaptive technology is required;
- (c) _____ I expect to make expenditures on the medical or disability-related treatment or adaptive technology specified in the physician's certificate in the amount of \$ _____, which is greater than 20% of my total expected income for the calendar year;
- (d) _____ I have not made any other withdrawal, other than within the last 30 days before this application, during the calendar year under

paragraph 20(1)(d), 20.1(l)(m), 20.2(l)(e) or 20.3(l)(m) of the *Pension Benefits Standards Regulations, 1985*; and

(B) Withdrawal Based on Low Income

_____ My total expected income for the calendar year, determined in accordance with the *Income Tax Act* (excluding the withdrawal referred to in line G below and any withdrawal made under paragraph 20(l)(d), 20.1(l)(m), 20.2(l)(e) or 20.3(l)(m) of the *Pension Benefits Standards Regulations, 1985* within the last 30 days before this application), is less than three quarters of the Year's Maximum Pensionable Earnings as defined in the *Pension Benefits Standards Act, 1985*.

4. Amount Sought for Withdrawal

A	Expected income in this calendar year determined in accordance with the <i>Income Tax Act</i> .	\$		
B	Total financial hardship withdrawals made during the calendar year from all federally-regulated locked-in registered retirement savings plans, life income funds, restricted life income funds and restricted locked-in savings plans.	\$		
	B(i): total low income component of B is	\$		
	B(ii): total medical and disability-related income component of B is	\$		
C	50% of the Year's Maximum Pensionable Earnings as defined in the <i>Pension Benefits Standards Act, 1985</i> .	\$		
CALCULATION OF LOW INCOME COMPONENT OF WITHDRAWAL (To be completed only if seeking withdrawal under this component)				
D	Low Income Withdrawal component			
	Enter amount from D(iv) if greater than zero otherwise enter "0"			\$
		D(i) A-B	\$	
		D(ii) 66.6% of D(i)	\$	
		D(iii) C-D(ii)	\$	
		D(iv) D(iii)-B(i)	\$	
CALCULATION OF MEDICAL AND DISABILITY-RELATED COMPONENT OF WITHDRAWAL (To be completed only if seeking withdrawal under this component)				

E	Total Expected Medical and Disability-related Expenditures for which unlocking is being sought. Enter amount from E(v)			\$
	E(i) Total Expected Medical and Disability-related Expenditures in the calendar year, that a medical doctor certifies are required.		\$	
	E(ii) A-B		\$	
	E(iii) 20% of E(ii)		\$	
	E(iv) If E(i) is greater than or equal to E(iii) enter E(i) otherwise enter "0"		\$	
	E(v) Enter the lesser of E(iv) and C		\$	
CALCULATION OF FINANCIAL HARDSHIP WITHDRAWAL				
F	Total Amount Eligible for Financial Hardship Withdrawal. Enter amount from F(iii)			\$
	F(i) D + E		\$	
	F(ii) C - B		\$	
	F(iii) Enter lesser of F(i) and F(ii)		\$	
G	Total Amount Applicant Wishes to Withdraw. Enter F or a lesser amount			\$

5. Signatures

Sworn before me, on the _____ day of _____, 20____
at _____, in the province of _____

Signature of applicant _____

A notary public, commissioner or other person authorized to take affidavits