

**FORM 1
ATTESTATION REGARDING WITHDRAWAL
BASED ON FINANCIAL HARDSHIP**

Account Number

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, _____, of _____
(INSERT NAME) (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(1)(m), 20.2(1)(e) or 20.3(1)(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(1)(m), 20.2(1)(e) or 20.3(1)(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(1)(d), 20.1(1)(m), 20.2(1)(e) or 20.3(1)(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*.

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4. Amount Sought for Withdrawal

- A Expected income in this calendar year determined in accordance with the *Income Tax Act*. \$ _____
- 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 *Pension Benefits Standards Act, 1985*. \$ _____

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) \$ _____
 - 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 _____

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

Signature of applicant