

**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*.

Scotia iTRADE® (Order-Execution Only Accounts) is a division of Scotia Capital Inc. ("SCI"). SCI is a member of the Investment Industry Regulatory Organization of Canada and the Canadian Investor Protection Fund. Scotia iTRADE does not provide investment advice or recommendations and investors are responsible for their own investment decisions.
®Registered trademark of The Bank of Nova Scotia. Used under license.

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) 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 _____.

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

SIGNATURE OF APPLICANT