

### Financial Hardship Unlocking – FORM FHU 4

Application for Low Expected Income

Approved by the Superintendent of Financial Services pursuant to the *Pension Benefits Act*, R.S.O. 1990, c. P.8.

### Only use this form for Applications in 2014

In this form, "PBA" refers to the *Pension Benefits Act*, R.S.O. 1990, c. P.8., and "Regulation" refers to Regulation 909, R.R.O. 1990

This Application may only be used to apply for money in your locked-in account that was earned in Ontario.

Submit your completed Application to the financial institution that administers your locked-in account.

Do not submit it to the Financial Services Commission of Ontario (FSCO).

NOTE: Please read the User's Guide to ensure this Application is filled out completely and correctly.

Use this Application to apply 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 for low expected income.

You cannot apply to withdraw money from this locked-in account under the category of low expected income more than one time during a calendar year.

You must apply to withdraw at least \$500 and cannot apply to withdraw more than the maximum amount permitted by regulation.

If your application is approved, the money will be paid to you in one lump sum. The money cannot be paid out in any other interval, nor transferred to a Registered Retirement Savings Plan (RRSP) or a Registered Retirement Income Fund (RRIF). Also, any amount you withdraw from your account cannot subsequently be redeposited in any locked-in account.

Please be aware that the amount that is approved will be reduced by the amount of tax that is required to be withheld. There may be additional amounts that may be deducted. You should ask your financial institution for an estimate of the amount that will be deducted before you decide how much money you want to apply to withdraw, but you cannot apply for an amount greater than the maximum amount permitted by Regulation.

Any withdrawal from your locked-in account may affect your eligibility for certain government benefits. To find out more, contact the government department or agency that provides these benefits.

When money is withdrawn from an Ontario locked-in account, the money will lose the creditor protection provided by the PBA and Regulation. In addition, any withdrawal you make from your locked-in account will decrease the amount of retirement income you receive or will receive in the future.

This form, including the required information, signatures, and supporting documents, is required by the Regulation, Schedule 1, Schedule 2, or Schedule 3 to the Regulation, as applicable.

Note: Under privacy legislation, it is the responsibility of your financial institution to advise you of the purposes for which personal information is collected, used or disclosed. Your financial institution and its representatives are required to comply with all applicable privacy requirements in dealing with information required to be provided as part of this Application.

## Part 1 Information About the Owner of the Ontario Locked-in Account

1.	. Provide the following information about yourself:							
Las	st Name		First Name		Middle	Name		Date of Birth (yyyy /mm / dd)
Ма	iling Address – Street Number ar	nd Name					;	Suite No.
City	у	Province	s/State	Postal (	Code/Zip	Code	Country	,
Co	ntact Number		Fax Number			E-mail Address		
(	)		( )					
2.	Provide the following info	ormation a	about your Ontario lock	ed-in ac	count f	from which you a	re apply	ving to withdraw money.
Nar	ne of Financial Institution and Po	licy Numbe	r or Account Number of your	Ontario	locked-in	account		
3.	Please see the User's Gui Application, provide the f					A. If you have a s	oouse o	on the date you sign this
Last	t Name	Firs	t Name		Midd	dle Name		Date of Birth (yyyy/mm/dd
	use's Mailing Address  Same Same Same Same Same Same Same Same	as your Ma	ailing Address, or:					Suite No.
City Province/S		State Postal Co		ode/Zip Code		Country		
Con	tact Number Same as your c	ontact num	ber or:					

#### Part 2 **Expected Income**

Your expected total income from all sources before taxes for the 12 months following the date you sign this Application must be \$35,000.00 (which is 2/3 of the 2014 YMPE), or less.

1.	Other than this application, have you applied to withdraw money from this locked-in account based on low expected income at any time during 2014?					
	=	res No				
		u answered " <b>Yes</b> ", you cannot apply again based on low expected income from this account 2015 to apply under this category and use the 2015 application form.	nt this year. You must wait			
2.		is your expected total income from all sources before taxes for the 12 months following ate you sign this Application?	\$			
	you w less f	Please see the User's Guide for more details on what to include in your expected income. You must complete this question if you wish to withdraw money under this part. Your expected total income must be \$35,000.00 (2/3 of the 2014 YMPE), or less for you to qualify to withdraw money from your locked-in account under this part. If you do not expect to receive any income in the 12-month period, enter zero.				
3.	What	is the maximum amount you may withdraw?				
The	maxim a)	um amount you can withdraw is: 50% of the Year's Maximum Pensionable Earnings (YMPE) for 2014, which is:	\$ 26,250.00			
Minu	ıs:					
	b)	75% of your expected total income for the next 12 months (Amount in box 2)	\$			
	c) Equals the maximum amount you may withdraw:					
			\$			
4.	How	much money are you applying to withdraw from this locked-in account?				
			\$			
	Note t	Note that you are not permitted to apply to withdraw an amount:				
	- 0	<ul> <li>areater than your locked in account halance:</li> </ul>				

- greater than the maximum amount you are allowed to withdraw (box 3c); or
- less than \$500.

# Part 3 Certification by the Owner of the Locked-in Account

Please read the User's Guide before you complete the Certification.

This Certification will not be valid for the purpose of your Application if it is dated more than 60 days before the date the financial institution that administers your Ontario locked-in account receives this completed Application.

out in Part 2 of	ed-in account identified in Part 1 of this Appl this Application. I understand that the amo the account and additional amounts that m	unt that is approved will be reduced by	withholding tax payable on the money
	the date I sign this Part: ne of the boxes below.)		
-	ouse*, and my spouse consents to the without this box, you will need your spouse to	-	
	ouse*, but on the date I sign this Attestation I relationship.	, I am living separate and apart from m	y spouse as a result of a breakdown in
	ouse*, but none of the money in my locked- my past or current employment. (See User's		•
I do not have	/e a spouse.*		
I also certify the	at:		
(a) (b) (c)	all of the information contained in this Applica I have not previously applied to withdraw the amount of my expected total income f Part 2 is accurate.	money for low expected income in 2014	from this locked-in account; and
I understand th	aat:		
(a)	any money withdrawn from the locked-in a Benefits Act from execution, seizure or at		
(b)	it is an offence under the Ontario <i>Pension</i> accurate and complete, punishable on cofine of \$200,000 for any subsequent conv	nviction by a maximum fine of \$100,000	
(c)	it is a criminal offence under the federal C intent that it be acted on as genuine, puni		
*Please refer to	the User's guide for the definition of "spous	se" under the Ontario Pension Benefits	Act.
The owner of t	he locked-in account must sign this Cert	tification in the presence of an adult	witness.
Mita and Ind	Signature of Owner	Signature of Witness	Date Signed (yyyy/mm/dd)
Witness Inforn	nation	First Nama	Middle Neme
Last Name		First Name	Middle Name

## Part 4 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 3 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, please read the Consent below. If you are satisfied that the Consent correctly describes your situation, in the presence of a witness (an adult who is not the owner of the locked-in account), please sign, date and fill in the required information, and have your witness sign 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 financial institution receives it.

Consent						
Iam	I am the spouse of the owner of the locked-in account identified in Part 1 of this Application.					
Lund	I understand that:					
i dila	i unucisianu inai.					
(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)	<ul> <li>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 spousal relationship or if the owner dies; and</li> </ul>					
(c)	(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.						
The Owner's Spouse must sign this Consent in the presence of the witness.						
_						
Signature of Owner's Spouse		Signature of Witnes	Date Signed (yyyy/mm/dd)			
Spou	Spouse Information					
Last N	ame	First Name	Middle Name			
Witness Information						
Last N	ame	First Name	Middle Name			