



# Financial Hardship Unlocking – FORM FHU 1

Application for Medical Expenses, including Renovations  
to a Principal Residence for Medical Reasons

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 medical expenses relating to an illness or physical disability incurred by:

- the owner;
- the owner’s spouse; or
- a dependant of the owner or a dependant of the owner’s spouse,

including expenses incurred for renovations or alterations to the principal residence of the owner, or the principal residence of the owner’s dependant or the owner’s spouse’s dependant, as a result of an illness or physical disability.

You cannot apply to withdraw money from this locked-in account under the category of medical expenses and renovations for a principal residence more than one time during a calendar year in respect of a particular person.

You must apply to withdraw at least \$500 and cannot apply to withdraw more than the maximum amount permitted by the 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 1.1, 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:**

|                                          |                |                      |                               |
|------------------------------------------|----------------|----------------------|-------------------------------|
| Last Name                                | First Name     | Middle Name          | Date of Birth (yyyy /mm / dd) |
| Mailing Address – Street Number and Name |                |                      | Suite No.                     |
| City                                     | Province/State | Postal Code/Zip Code | Country                       |
| Contact Number                           | Fax Number     | E-mail Address       |                               |

**2. Provide the following information about your Ontario locked-in account from which you are applying to withdraw money.**

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| Name of Financial Institution and Policy Number or Account Number of your Ontario locked-in account |
|-----------------------------------------------------------------------------------------------------|

**3. Please see the User's Guide for the definition of "spouse" under the PBA. If you have a spouse on the date you sign this Application, provide the following information about your spouse:**

|                                                                                 |                |                      |                            |
|---------------------------------------------------------------------------------|----------------|----------------------|----------------------------|
| Last name                                                                       | First name     | Middle name          | Date of birth (yyyy/mm/dd) |
| Spouse's Mailing Address: <input type="checkbox"/> Same as your Mailing Address |                |                      | Suite No.                  |
| Street address                                                                  |                |                      |                            |
| City                                                                            | Province/State | Postal Code/Zip Code | Country                    |
| Contact number: <input type="checkbox"/> Same as your contact number            |                |                      |                            |

## Part 2 Medical Expenses (Including Renovation Expenses)

Medical expenses include expenses for goods and services of a medical or dental nature, and:

- expenses incurred or to be incurred for renovations or alterations to the owner's or dependant's principal residence; and
- any additional expenses actually incurred in the construction of a principal residence, made necessary by the illness or physical disability of the owner, the owner's spouse, or a dependant of the owner or the owner's spouse.

You cannot apply for renovation expenses for your spouse's principal residence if it is different from your own.

If you want to apply for medical expenses to treat more than one person, you must complete a separate application for each person and the physician or dentist must complete his or her statement relating to that person.

### 1. Who has the illness or physical disability?

The person with the illness or physical disability must be one of the following (please check one of the following boxes):

- Yourself  
 Your spouse  
 Your dependant or your spouse's dependant (please refer to the User's Guide)

**If you answered "Your dependant" or "Your spouse's dependant", provide the following information about the dependant:**

|                                                    |                |                                                                     |                            |
|----------------------------------------------------|----------------|---------------------------------------------------------------------|----------------------------|
| Dependant's Last Name                              | First Name     | Middle Name                                                         | Date of Birth (yyyy/mm/dd) |
| Dependant's Mailing Address Street Number and Name |                | <input type="checkbox"/> Same as your Mailing Address, or Suite No. |                            |
| City                                               | Province/State | Postal/Zip Code                                                     | Country                    |
| Dependant's Contact Number:                        |                | <input type="checkbox"/> Same as your Contact Number                |                            |

### 2. Other than this Application, have you applied to withdraw money from this locked-in account based on medical expenses for the person identified in this Application at any time during 2014?

- Yes  
 No

If you answered "Yes", you cannot apply again based on medical expenses for this person from this account this year. You must wait until 2015 to apply under this category and use the 2015 Application form.

## Part 2 Medical Expenses (Including Renovation Expenses)

### 3. What is the maximum amount you may withdraw?

The maximum amount you can withdraw is the smaller of:

- a) 50% of the Year's Maximum Pensionable Earnings (YMPE) for 2014, which is:

\$ 26,250.00

AND

- b) The sum of:

i) the amount of medical expenses already incurred for the person identified in this Application, and

ii) an estimate of the total amount of medical expenses for 12 months after the date on which this Application is signed. This estimate should include expenses for any renovations that have been made or will be made to the applicant's or dependant's principal residence made necessary by the illness or physical disability:

\$

- c) Enter the smaller of 3a and 3b – this is the maximum amount you may withdraw.

\$

### 4. How much money are you applying to withdraw from this locked-in account?

Note that you are not permitted to apply to withdraw an amount:

- greater than your locked-in account balance;
- greater than the maximum amount you are allowed to withdraw; or
- less than \$500.

**Note: If your application is approved, the amount you are applying to withdraw will be reduced by withholding tax and other additional amounts that may be deducted.**

### 5. What principal residence has been or will be renovated?

The principal residence **must** be one of the following:

- Your principal residence, located at the address below:  
 Your dependant's or your spouse's dependant's principal residence, located at the address below:

|                        |                |                 |         |
|------------------------|----------------|-----------------|---------|
| Street Number and Name |                | Suite No.       |         |
| City                   | Province/State | Postal/Zip Code | Country |

#### Additional documents required:

A statement regarding the medical expenses required must be signed and dated by a medical doctor licensed to practice medicine in Canada, or a dentist licensed to practice dentistry in Canada and must accompany this Application. The doctor or dentist may either complete Part 5 of the Application or provide a letter containing the required information. Certain professionals such as chiropractors and physiotherapists are not medical doctors for the purposes of completing Part 5 of the Application or providing a letter containing the required information. Please see the User's Guide for more details.

You must attach copies of receipts or estimates to account for the total amount of the medical expenses being claimed (i.e., the goods and services purchased or to be purchased to treat the person's illness or physical disability). Please see the User's Guide for more details.



## 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.**

| <b>Consent</b>                                                                                                                                                                       |                               |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|
| 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 the money if there is a breakdown in our spousal 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.                                                                                                   |                               |                                      |
| <b>The owner's spouse must sign this Consent in the presence of the witness.</b>                                                                                                     |                               |                                      |
| _____<br>Signature of Owner's Spouse                                                                                                                                                 | _____<br>Signature of Witness | _____<br>Date Signed<br>(yyyy/mm/dd) |
| <b>Spouse Information</b>                                                                                                                                                            |                               |                                      |
| Last name                                                                                                                                                                            | First name                    | Middle name                          |
|                                                                                                                                                                                      |                               |                                      |
| <b>Witness Information</b>                                                                                                                                                           |                               |                                      |
| Last name                                                                                                                                                                            | First name                    | Middle name                          |
|                                                                                                                                                                                      |                               |                                      |

**Part 5**  
**Statement of a Physician or Dentist**

You must provide a statement signed by a physician or dentist licensed to practice medicine or dentistry in Canada. The physician or dentist must indicate that, in his or her opinion, the medical expenses claimed are or were necessary to treat the person's illness or physical disability or that renovations to a principal residence are or were necessary as a result of the person's illness or physical disability. This requirement may be satisfied by a physician or dentist completing this Part, or by providing a separate document signed and dated by the physician or dentist, containing all the information required in this Part.

The owner of the locked-in account cannot complete this Part.

If you are a physician or dentist licensed to practice 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 Statement. Sign, date and fill in the information at the bottom of the Statement and attach any additional pages if necessary.

**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 financial institution 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 2 of this Application who has or had the illness or physical disability)

has/had an illness or physical disability and:

- the following medical expenses are or were necessary for the person's treatment, or;
- the following renovations are or were necessary as a result of this person's illness or disability; or
- the following additional construction expenses were necessary as a result of this person's illness or disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print the address of the principal residence that requires renovations identified in Part 2 of this Application

\_\_\_\_\_

**Part 5**  
**Statement of a Physician or Dentist**

**Physician or Dentist Information**

|                                             |                |                 |             |                                      |
|---------------------------------------------|----------------|-----------------|-------------|--------------------------------------|
| Last Name                                   |                | First Name      | Middle Name | Registration or License Number:      |
| Office Street Address                       |                |                 |             | Suite No.                            |
| City                                        | Province/State | Postal/Zip Code | Country     |                                      |
| Phone number                                |                |                 |             |                                      |
| _____<br>Physician's or Dentist's Signature |                |                 |             | _____<br>Date Signed<br>(yyyy/mm/dd) |

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