
Use this form for Applications in 2024**Apply to the financial institution that administers your locked-in account.****Do not apply to the Financial Services Regulatory Authority of Ontario (FSRA).**

Please read the User's Guide before you fill out your Application.

Use this form to apply to unlock and take out money from your Ontario locked-in account (locked-in retirement account (LIRA), life income fund (LIF) or locked-in retirement income fund (LRIF)) based on financial hardship for medical expenses. These medical expenses must relate to an illness or physical disability of:

- yourself (the owner of the locked-in account);
- your spouse; or
- a dependant of you or your spouse.

This includes expenses to alter your main home or the dependent's main home due to the illness or physical disability.

You cannot apply more than one time during a calendar year for a person's medical expenses.

You must apply to take out at least \$500. You cannot apply to take out more than the maximum amount allowed. Please refer to the User's Guide.

Tax will be deducted from any amount you are approved to take out. Other amounts may be deducted as well. You should ask your financial institution for an estimate of the amount that will be deducted. Do this before you decide how much money you want to apply to take out. You cannot apply for an amount greater than the maximum amount allowed.

Any amount taken out from your locked-in account may affect your government benefits. Contact the government department or agency that provides those benefits for more information.

When you take out money from your locked-in account, the money will lose creditor protection. Taking out money now also means it will not be available for retirement income in the future.

Note: Under privacy rules, your financial institution must:

- tell you why it collects, uses or discloses your personal details; and
- comply with all applicable privacy rules.

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

1. Provide your personal details

Last Name	First Name
Middle Name	Date of Birth (yyyy/mm/dd)

Mailing Address

Unit Number	Street Number	Street Name		
City/Town	Province/State	Postal Code/Zip Code	Country	
Contact Number	Fax Number	Email Address		

2. Provide the following information about your Ontario locked-in account

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

3. The User's Guide defines who a "spouse" is for the Application. If you have a spouse on the date you sign this Application, provide details about your spouse:

Last Name	First Name
Middle Name	Date of Birth (yyyy/mm/dd)

Check this option if the Spouse's Mailing Address is the same as your Mailing Address, or complete the following:

Unit Number	Street Number	Street Name		
City/Town	Province/State	Postal Code/Zip Code	Country	

Check this option if the Spouse's Contact Number is the same as your Contact Number, or complete the following:

Spouse's Contact Number

Part 2 - Medical Expenses

Medical expenses include expenses for goods and services of a medical or dental nature. These also include:

- expenses already charged (or to be charged) for changes to your main home or a dependant's main home due to the illness or physical disability of yourself, your spouse or a dependant of the either of you; and
- additional expenses already charged in the construction of a main home due to the illness or physical disability of yourself, your spouse or a dependant of either of you.

You cannot apply for expenses for changes to your spouse's main home if you live apart from your spouse due to a breakdown in your relationship.

If you want to apply for medical expenses for more than one person, you must apply separately for each person. A physician or dentist must complete a statement about each 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 options):

- 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)

Check this option if the Dependant's Mailing Address is the same as your Mailing Address, or complete the following:

Unit Number	Street Number	Street Name	
City/Town	Province/State	Postal Code/Zip Code	Country

Check this option if the Dependant's Contact Number is the same as your Contact Number, or complete the following:

Dependant's Contact Number

2. Other than this Application, have you applied during 2024 to take out money from this locked-in account for medical expenses for the person identified in Question 1?

- Yes No

If you answered "Yes", you cannot apply again in 2024 to take out money from this locked-in account for medical expenses for this person. You must wait until 2025 to apply again.

Part 2 continued on next page.

3. What is the maximum amount you can take out?

The maximum amount you can unlock and take out is the smaller of:

a) 50% of the Year’s Maximum Pensionable Earnings (YMPE) for 2024, which is:

\$

And

b) The sum of:

(i) the amount of medical expenses already charged for the person identified in Question 1, and

(ii) an estimate of the total amount of medical expenses for 12 months after the date this Application is signed:

\$

c) Enter the smaller of 3a and 3b – this is the maximum amount you can take out:

\$

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

\$

Note that you are not allowed to apply to take out an amount:

- greater than your locked-in account balance;
- greater than the maximum amount you are allowed to take out (box 3c); or
- less than \$500.

Note: If your application is approved, the amount you have applied to take out will be reduced by withholding tax. There may also be other additional amounts deducted.

5. What main home has been or will be changed?

The main home **must** be one of the following:

- Your main home, located at the following address:
- Your dependant’s main home or your spouse’s dependant’s main home, located at the following address:

Unit Number	Street Number	Street Name		
City/Town	Province/State	Postal Code/Zip Code	Country	

Additional documents required:

You must give your financial institution a statement about the medical expenses. The statement must be signed and dated by:

- a medical doctor licensed to practice medicine in Canada; or
- a dentist licensed to practice dentistry in Canada.

The doctor or dentist may either:

- complete Part 5 of this Application; or
- provide a letter containing the required information.

Certain professionals such as chiropractors and physiotherapists are not medical doctors for these purposes. Please see the User’s Guide for more details.

You must also give your financial institution copies of receipts or estimates to account for the total amount of the medical expenses being claimed. Please see the User’s Guide for more details.

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

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

This Certification cannot be dated more than 60 days before your financial institution receives this completed Application.

Certification

I own the locked-in account identified in Part 1 of this Application. I hereby apply to take out from the locked-in account the amount set out in Part 2 of this Application. I understand the amount I am approved to take out will be reduced by withholding tax payable on the money taken out from the account. I understand additional amounts may also be deducted by my financial institution.

I certify that on the date I sign this Certification: (Check only one of the following options.)

- I have a spouse*, and my spouse consents to taking out this money from the locked-in account.
(If you select this option, you will need your spouse to complete Part 4 of this Application.)
- I have a spouse*, but on the date I sign this Certification, I am living separate and apart from my spouse due to a breakdown in our spousal relationship.
(If you select this option, your spouse does NOT need to complete Part 4 of this Application.)
- I have a spouse*, but none of the money in my locked-in account is derived, directly or indirectly, from a pension benefit related to my past or current employment. (See the User's Guide for an explanation and examples.)
(If you select this option, your spouse does NOT need to complete Part 4 of this Application.)
- I do not have a spouse*.

I also certify that:

- (a) all the information in this Application and in the accompanying documents is accurate and complete; and
- (b) I have not previously applied in 2024 to take out money from this locked-in account for medical expenses of the person identified in Part 2 of the Application.

I understand that:

- (a) any money taken out from the locked-in account will no longer be exempt under section 66 of the Ontario Pension Benefits Act from execution, seizure or attachment by people such as creditors;
- (b) it is an offence under the Ontario Pension Benefits Act to provide information in this Application which is not true, accurate and complete, punishable on conviction by a maximum fine of \$100,000 for a first conviction, and a maximum fine of \$200,000 for any subsequent conviction; and
- (c) it is a criminal offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent that it be acted on as genuine, punishable on conviction by a maximum term of 10 years imprisonment.

*Please refer to the User's Guide for the definition of "spouse" under the Ontario Pension Benefits Act.

The owner of the locked-in account must sign this Certification.

Signature of Owner	Date Signed (yyyy/mm/dd)
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Part 4 - Consent of the Owner's Spouse to the Application

This Part needs to be completed **only** if the owner of the locked-in account selects the first option in Part 3 of this Application, which confirms that the owner has a spouse and the circumstances require spousal consent. If the owner selected the first option in Part 3 of this Application, the owner cannot make this Application unless the owner's spouse consents to the owner taking money out of 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, then you are being asked to consent to the owner's Application. The owner is applying to unlock and take out money from their account. You should get advice from a lawyer about your rights and the legal consequences of signing the following Consent. You are not obligated to sign the Consent.

If you wish to consent to the owner's Application, please read the following Consent. If you are satisfied that the Consent correctly describes your situation, please sign, date and fill in the required information.

The Consent will not be valid for this Application if the Consent is dated more than 60 days before the date the financial institution receives it.

Consent

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 unlock and take out money from the locked-in account;
- (b) the owner cannot take out the money from the locked-in account without my consent;
- (c) as long as this money is kept in the locked-in account, I may have a right to a share of this money (this would happen if there is a breakdown in our spousal relationship or if the owner dies); and
- (d) if any money is taken out from the locked-in account, I may lose any right that I have to a share of the money taken out.

I consent to the owner's Application to take out money from the locked-in account.

I give my consent by signing and dating this Consent.

Signature of Owner's Spouse	Date Signed (yyyy/mm/dd)
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Spouse Information

Last Name	First Name	Middle Name
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Part 5 - Statement of a Physician or Dentist

This Application must include a statement signed by a physician or dentist licensed to practice medicine or dentistry in Canada. The physician or dentist must indicate that, in their opinion, the medical expenses claimed in this Application are or were necessary to treat the person's illness or physical disability or changes to a main home 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. Alternatively, a separate document signed and dated by a physician or dentist, containing all the information required in this Part, is acceptable.

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 for the purposes of this Application. If you wish to complete the Statement, please check only one of the options 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 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 following options.)

- 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 this person's treatment;
- the following changes to a main home are or were necessary due to this person's illness or disability; or
- the following additional construction expenses for a main home were necessary due to this person's illness or disability

Print the address of the main home that requires changes identified in Part 2 of this Application

Part 5 continued on next page.

Physician or Dentist Information

Last Name	First Name
Middle Name	Registration/License Number

Office Street Address

Unit Number	Street Number	Street Name	
City/Town	Province/State	Postal Code/Zip Code	Country

Phone Number

Physician's or Dentist's Signature	Date Signed (yyyy/mm/dd)
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