

FINANCIAL HARDSHIP WITHDRAWAL APPLICATION FORM 2025 Calendar Year

This application form must be used to apply to unlock money from your Manitoba Locked-In Retirement Account (LIRA) or Life Income Fund (LIF) when you are experiencing financial hardship.

The completed application form must be sent to the Financial Institution holding your lockedin money within 30 days after you sign the form. Please note that the Government of Manitoba does not approve applications for financial hardship unlocking.

Manitoba pension legislation allows four reasons for unlocking money due to financial hardship:

- 1. Low expected income
- 2. Medical expenses
- 3. Rental arrears
- 4. Mortgage arrears

You are permitted to apply under each reason only ONCE per calendar year and you may choose more than one reason per application. If you do not qualify under one of these four reasons, the Financial Institution that holds your LIRA or LIF cannot authorize the unlocking of any money due to financial hardship.

Any questions regarding your application should be addressed to the Financial Institution that holds your locked-in money.

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 or Registered Retirement Income Fund.

The amount of the withdrawal will be subject to tax withholding. There may be additional amounts that may be deducted, such as:

- any amount payable due to a division of pension on relationship breakdown under The Pension Benefits Act, OR
- an order under The Garnishment Act or The Family Support Enforcement Act.

| I - AP | PLICANT INFORMA | ATION | | | |
|------------------|--|--|---------------------------------------|--|--|
| | | | | | |
| First N | Name | Last name | · · · · · · · · · · · · · · · · · · · | | |
| Addre | ess | | | | |
| City | | Province | Postal Code | | |
| Telephone Number | | Email Address (if | applicable) | | |
| II – E | LIGIBILITY | | | | |
| 1. | Is the money still in the pension plan? ☐ YES ☐ NO * If you answered YES, you are not eligible; financial hardship unlocking provisions only apply to money in a LIRA or LIF. | | | | |
| 2. | 2. Have you already applied to unlock money due to financial hardship during the current calendar year for the same reason? ☐ YES ☐ NO * If you answered YES, you are not eligible: you can only make one application per year per reason. | | | | |
| 3. | How did you get the LIRA or LIF (check one option)? □ A: I left the company that offered the pension plan. □ B: The money was transferred to me as a result of the death of my spouse or common-law partner □ C: The money was transferred to me as a result of a relationship breakdown. | | | | |
| 4. | Is the money in your LIRA or LIF Manitoba locked-in money? ☐ YES ☐ NO * If you answered NO, you are not eligible; please note that this application form only applie to Manitoba locked-in money. Please ask your Financial Institution to direct you to the proper jurisdiction. | | | | |
| 5. | | ould you like to receive before with ot receive more than the maximum | | | |
| | \$ | ····· | | | |
| | | | | | |
| | | | | | |

| III – FINANCIAL INSTITUTION INFORMATION | | | | | | |
|---|--|-----------------|--|--|--|--|
| | | | | | | |
| Name of the financial institution holding the money you would like to unlock | | | | | | |
| Address | | | | | | |
| City | Province | Postal Code | | | | |
| Account number of the LIRA or LI | F you would like to unlock | | | | | |
| IV - ACCESS REASONS AND | REQUIRED DOCUMENTS | | | | | |
| You are permitted to apply under each reason only ONCE per calendar year and you may choose more than one reason at a time (please check the box(es) for each reason you are applying under). | | | | | | |
| Reason for Applying | Required Documents/Maximum Witho | drawal Amounts | | | | |
| ☐ 1. Low Expected Income | A = maximum amount that may be witho | Irawn | | | | |
| Your expected total income from | B = the YMPE for the year the application is signed | | | | | |
| all sources before taxes for the one-year period following the | | (B) \$71,300.00 | | | | |
| date you sign this Application must be \$47,533.33 (which is | Please complete the following: | | | | | |
| 2/3rds of the Year`s Maximum Pensionable Earnings (YMPE) for 2025) or less. 2025 YMPE is \$71,300. | C = your expected total income from all sources before taxes for the one-year period following the date you sign this Application, not including the amount of the withdrawal? | | | | | |
| This amount shall not include | | (C) \$ | | | | |
| the amount of this withdrawal or expected income from any other | D = the amount of tax payable on the wi | thdrawal | | | | |
| family members. | | (D) \$ | | | | |
| The amount of tax payable on the withdrawal will be provided | A = The maximum amount you may withdraw | | | | | |
| by the financial institution. | = 0.75 x [(2/3 x B) – C] + D | | | | | |
| | = 0.75 x [\$47,533.33 – C] + D = | (A) \$ | | | | |
| | | Y 7 7 | | | | |
| | | | | | | |

For each reason you must include: □ 2. Medical Expenses certification by a physician or dentist that the expense is Medical or dental expenses that necessary to treat an illness or disability, and you, your cohabiting spouse or a copy of the receipt for the expense or, for an expense common-law partner, or that has not been incurred, a quote or estimate of the dependent have incurred, or will expense. incur during the one-year period after the application is signed, The maximum withdrawal is the total expenses that have, or will that are not covered by an be incurred, and the tax payable on the withdrawal. insurance policy or benefit plan that any of you have. Name of the person with medical or dental expenses: The person is: ☐ Myself ☐ Spouse or common-law partner □ Dependant Note: a dependant is a person who is dependant on the applicant or the applicant's cohabiting spouse or common-law partner on the day the applicant applies for the withdrawal. You must include a copy of the written demand you or your ☐ 3. Rental Arrears cohabiting spouse or common-law partner received in respect of the arrears. Payment of rental arrears on your principal residence, and could face eviction if the arrears The maximum withdrawal is the total of the arrears on the date the application is signed and the amount of tax payable on the remain unpaid. withdrawal. You must include a copy of the written demand you, or your □ 4. Mortgage Arrears cohabiting spouse or common-law partner received in respect of the arrears. Payment of mortgage arrears, and could face foreclosure on The maximum withdrawal is the total of the arrears on the date your principal residence if the the application is signed and the amount of tax payable on the arrears remain unpaid. withdrawal. **Note**: A principal residence means a residential dwelling unit ordinarily occupied by you and, if you have a cohabiting spouse or common-law partner, by that cohabiting spouse or common-law partner.

| V - Certification of the Applicant | | | | |
|--|--|--|--|--|
| I,, am the Applicant. Name (print) | | | | |
| I am applying to withdraw money from my Manitoba LIRA or LIF due to financial hardship. | | | | |
| I declare that, on the date I signed this certification: | | | | |
| all the information contained in this application form and the accompanying documents are accurate and complete; | | | | |
| the money I am applying to withdraw from the LIRA or LIF is governed by The Pension Benefits Act and Pension Benefits Regulation of Manitoba, referred to as Manitoba locked- in money; and | | | | |
| 3) check either (a) or (b) as applicable | | | | |
| a) □ I have no spouse or common-law partner whose consent is required. b) □ my cohabiting spouse or common-law partner has consented to the withdrawal by completing the "Financial Hardship Withdrawal Spouse or Common-law Partner Consent". | | | | |
| Further, I understand that: any money withdrawn from my LIRA or LIF will no longer be exempt under the Pension Benefits Act from execution, seizure, or attachment by persons such as creditors; and it is an offence under The Pension Benefits Act to provide information in this application form which is not true, accurate and complete. | | | | |
| Signature of applicant Date signed (yyyy/mm/dd) | | | | |
| Name of the witness (print) Signature of the witness (age 18 or over) | | | | |



FINANCIAL HARDSHIP WITHDRAWAL SPOUSE OR COMMON-LAW PARTNER CONSENT

Spouse or Common-law Partner Information

This consent should ONLY be completed if the applicant left the company that offered the pension plan (Option A of Part II, Question 3)

AND

- you are the spouse, and are not living separate and apart from the applicant by reason of a breakdown of your relationship at the time the applicant is applying for the withdrawal, OR
- you are the common-law partner who:
 - registered a common-law relationship with the applicant under section 13.1 of the Vital Statistics Act. or
 - is not married to the applicant and cohabited with the applicant in a conjugal relationship
 - for a period of at least three years, if either of you are married, or
 - for a period of at least one year, if neither of you are married, and are not living separate and apart from the applicant by reason of a breakdown of your relationship at the time the applicant is applying for the withdrawal,

and are not living separate and apart from the applicant by reason of a breakdown of your relationship at the time the applicant is applying for the withdrawal.

Please note that you do not have to sign this consent. If you sign this consent, you are agreeing to the unlocking of the money in a LIRA or LIF. Manitoba pension law gives a spouse or common-law partner certain rights with money in a LIRA or LIF.

Prior to completing this consent, you should consider obtaining independent legal advice concerning your individual rights and the effect of this waiver as well as qualified financial advice about the financial consequences.

This consent must be filed with the Financial Institution along with the application form.

| I, | | am the cohabiting spouse or common-law partner of the |
|------------|--------------|---|
| - | Name (print) | - |
| Applicant. | | |

I understand that under The Pension Benefits Act:

- the applicant may make an application to withdraw money due to financial hardship as identified in Part IV – Access Reasons and Required Documents/Maximum Withdrawal Amounts of the application form;
- the applicant cannot make a withdrawal due to financial hardship without my written consent;
 and
- if I sign this consent, the amount of money from the applicant's LIRAs or LIFs available to me will be reduced;
 - o as a survivor on the applicant's death; and
 - as a spouse, former spouse or former common-law partner should the money be required to be divided under the credit splitting provisions under The Pension Benefits Act.

I certify that:

- I have read this consent and understand it;
- I have read the application form and know the amount of the financial hardship withdrawal as stated in the application form for which the application is being made;
- I am aware of the consequences of the financial hardship withdrawal and, despite the consequences, I consent to the financial hardship withdrawal;
- I am not living separate and apart from the applicant by reason of a breakdown of our relationship;
- the applicant is not present while I am signing this consent;
- I am signing this consent of my own free will without duress, coercion or compulsion of any kind; and
- I realize that:
 - this form only gives a general description of the legal rights I have under The Pension Benefits Act and Pension Benefits Regulation, and
 - if I wish to understand exactly what my legal rights are, I must read The Pension Benefits Act and Pension Benefits Regulation, and seek legal advice.

| I hereby consent to the withdrawal due to financial hardship by signing this form in the presence of a witness. | | | | |
|---|---|--|--|--|
| Signature of spouse or common-law partner I do witness the signature of the spouse or cor | Date signed (yyyy/mm/dd) mmon-law partner who signed this form before me | | | |
| outside of the presence of the applicant. | | | | |
| Name of the witness (print) | Signature of the witness (age 18 or over) | | | |