

**Form 9 – 2026 ONLY**  
**Application to Withdraw from a**  
**Retirement Savings Arrangement**  
**due to Financial Hardship**  
**Section 44.1 of the Pension Benefits Act, 1997**

**ONLY USE THIS FORM FOR APPLICATIONS SIGNED IN 2026**

You must use this form to apply to withdraw funds from a Locked-In Retirement Account (LIRA), Life Income Fund (LIF), or Locked-in Retirement Income Fund (LRIF) when you are experiencing financial hardship as described in section 44.1 of the Newfoundland and Labrador Pension Benefits Act, 1997 (the Act).

If you have a LIRA, LIF, or LRIF that holds locked-in funds earned in another province or if your employment was subject to federal jurisdiction (e.g. banking, television or radio broadcasting, or airlines), this form does not apply to you. If you are unsure as to which jurisdiction's law applies to your pension funds, please contact the financial institution holding your locked-in funds or, if necessary, the administrator of the pension plan under which you earned these funds.

You cannot access pension funds directly from your employer's registered pension plan using this form. Once you are no longer a member of the pension plan you may be eligible to transfer your pension benefit into a LIRA, LIF, or LRIF and subsequently use this application form to withdraw the locked-in funds.

Any withdrawal from your LIRA, LIF, or LRIF may have other financial impacts for you. In accordance with the Act, section 5 of this form requires that you confirm you have read and understand some of the more common financial impacts. However, it may still be advisable that you speak to other government departments or agencies and seek independent financial advice prior to signing this application to ensure you understand how this decision may impact you.

**IMPORTANT**

**The Superintendent of Pensions does not administer financial hardship applications.  
Do not send your application form or any other documentation to the Superintendent  
or to the Government of Newfoundland and Labrador.**

Submit this completed application, along with any other required documents, to the financial institution that holds your LIRA, LIF, or LRIF. Your financial institution will determine if you qualify to withdraw funds from your LIRA, LIF, or LRIF. If you are not satisfied with the decision made by your financial institution, you should contact the dispute resolution department of your financial institution. Do not contact the Superintendent of Pensions, as the processing of this application is entirely between you and your financial institution.

All information you provide on this form, and on any other submitted document, is necessary for your financial institution to determine if you qualify to withdraw funds from your LIRA, LIF, or LRIF. If you have any questions about the collection, use or disclosure of your personal information, please check the privacy policy of the financial institution holding your locked-in funds. The financial institution and its representatives are required to comply with all applicable privacy requirements in dealing with the information provided as part of this application.

If you do not qualify to withdraw funds due to financial hardship, you may still be eligible to access funds under other exceptions in the Act. Your financial institution can help you determine whether you are eligible to withdraw funds for one of the following reasons:

- a) At any age, the value of the funds held in all LIRAs, LIFs, or LRIFs under the Act is less than 10% of the Year's Maximum Pensionable Earnings (YMPE) under the Canada Pension Plan;
- b) You are at least 55, or the earliest age you would have been permitted to start a pension under the pension plan where the locked-in funds originated, and the value of the funds held in all LIRAs, LIFs, or LRIFs under the Act is less than 40% of the YMPE;

c) You have resided outside Canada for at least 2 consecutive calendar years and have completed a statutory declaration in accordance with the *Evidence Act*; or

d) You have been certified by a medical practitioner as having a disability or illness that is likely to considerably shorten your life expectancy.

## **General Information**

### **Applicant Information**

**1**

Last Name	First Name	Date of Birth	YYYY	MM	DD
/ / /					
Mailing Address					
City			Province	Postal Code	
Telephone Number	Email Address				

### **Financial Institution and Account Information**

**2**

Name of Financial Institution Administering the LIRA, LIF, or LRIF
LIRA, LIF, or LRIF Account Number

### **Principal Beneficiary Information (please refer to definition below)**

**3**

Last Name	First Name	<input type="checkbox"/> Check this box if your contact information is the same as the applicant (above)	
Mailing Address			
City		Province	Postal Code
Telephone Number	Email Address		

“Principal beneficiary” means the spouse of the member or former member or, where the member or former member has a cohabiting partner, the member or former member’s cohabiting partner, as those terms are defined in the Act.

## Circumstance of Financial Hardship

### IMPORTANT

You may withdraw only once in a calendar year under each of the categories (A through F) below. If you are applying under more than one category, you must complete a separate form for each application. In order for your application to be processed in a timely manner you must include all required documentation.

Reason for Applying	Required Documents	
<b>4 A. Low Income</b>  You expect to earn less than \$49,736 before taxes in the 12 months following the date you sign this application.  This is your expected total income from all sources (except for this withdrawal) as set out under the heading "Total Income" in the T1 General Form issued by the Canada Revenue Agency.  There are no separate documents required to apply for this reason. Your financial institution cannot ask for any supporting documents.	You must complete this formula:  <b>Step One:</b> Provide the total income you expect to receive, before taxes, over the next 12 months. [Cannot be more than \$49,734.]  <b>Step Two:</b> Multiply (i) by 0.75  <b>Step Three:</b> \$37,300 minus (ii)	\$ _____ (i)  \$ _____ (ii)  \$ _____ (iii)
<input type="checkbox"/> I am applying for this reason	Amount that you are applying to unlock (cannot be more than (iii)) \$ _____	
<b>B. Medical Expenses</b>  You are unable to pay for medical or dental expenses incurred in the 12 months prior to signing this application or to be incurred in the 12 months following the date this application is signed and the amount claimed is not subject to reimbursement from any other source.  The medical or dental costs are to treat an illness for you, your principal beneficiary, or a dependent of either (or both).  Name of the person(s) with the medical or dental expenses:	<p>Please submit all items that apply to you.</p> <ol style="list-style-type: none"> <li>1. A copy of prescription receipts. This can be a printout of receipts from the pharmacy.</li> <li>2. A copy of receipts, invoices, or estimates of the medical or dental expenses from the supplier of the service, treatment, or equipment.</li> <li>3. A written statement from a medical or dental professional listed in the Regulations confirming the expenses are necessary.</li> </ol> <p>Note: There is no requirement for the statement to disclose the nature of the treatment and your financial institution cannot request that this information be disclosed.</p>	
The person(s) is/are (check more than one box if required):  <input type="checkbox"/> myself <input type="checkbox"/> my principal beneficiary <input type="checkbox"/> a dependent of either, or both	All documentation must be dated not more than 12 months before the date this application is received by the financial institution.	
<input type="checkbox"/> I am applying for this reason and I am providing all the required documentation	Amount you are applying to unlock \$ _____	

Reason for Applying	Required Documents
<p><b>C. Disability-related Expenses</b></p> <p>You are unable to pay for disability-related expenses incurred within the 12 months prior to signing this application or to be incurred within the 12 months following the date this application is signed and the amount claimed is not subject to reimbursement from any other source.</p> <p>The disability-related costs are to treat a disability for you, your principal beneficiary, or a dependent of either (or both).</p> <p>Name of the person(s) with the disability-related expenses:</p>	<p>Please submit all items that apply to you.</p> <ol style="list-style-type: none"> <li>1. A copy of prescription receipts. This can be a printout of receipts from the pharmacy.</li> <li>2. A copy of receipts, invoices, or estimates of the disability-related expenses from the supplier of the service, treatment, or equipment.</li> <li>3. A written statement from a medical or dental professional listed in the Regulations confirming the expenses are necessary.</li> </ol> <p>Note: There is no requirement for the statement to disclose the nature of the treatment and your financial institution cannot request that this information be disclosed.</p>
<p>The person(s) is/are (check more than one box if required):</p> <p><input type="checkbox"/> myself</p> <p><input type="checkbox"/> my principal beneficiary</p> <p><input type="checkbox"/> a dependent of either, or both</p>	<p>All documentation must be dated not more than 12 months before the date this application is received by the financial institution.</p>
<p><input type="checkbox"/> I am applying for this reason and I am providing all the required documentation</p>	<p>Amount you are applying to unlock \$_____</p>
<p><b>D. Mortgage Payments</b></p> <p>You or your principal beneficiary risk foreclosure or power of sale on your principal residence or your principal beneficiary's principal residence due to unpaid mortgage payments.</p> <p>Address of principal residence: Mailing Address</p>	<p>Please submit all items that apply to you.</p> <ol style="list-style-type: none"> <li>1. A copy of the notice of unpaid mortgage payments; and</li> <li>2. Where the following information is not contained in the notice, documentation from the lender confirming:             <ol style="list-style-type: none"> <li>a. The address of the principal residence for which the mortgage is in default; and</li> <li>b. The amount required to be paid including any applicable fees.</li> </ol> </li> </ol>
<p>Province</p>	<p>Postal Code</p> <p>All documentation must be dated not more than 12 months before the date this application is received by the financial institution.</p>
<p><input type="checkbox"/> I am applying for this reason and I am providing all the required documentation</p>	<p>Amount you are applying to unlock \$_____</p>

### **Circumstance of Financial Hardship (continued...)**

Reason for Applying	Required Documents
<p><b>E. Rental Arrears</b></p> <p>You or your principal beneficiary risk eviction from your principal residence or your principal beneficiary's principal residence due to overdue rent.</p>	<p>Please submit all items that apply to you.</p> <ol style="list-style-type: none"> <li>1. A copy of the notice of overdue rent; and</li> <li>2. Where the following information is not contained in the notice, documentation from the landlord confirming:             <ol style="list-style-type: none"> <li>a. The address of the principal residence for which the rent is overdue; and</li> <li>b. The amount of overdue rent required to be paid.</li> </ol> </li> </ol>
Address of principal residence:	
Mailing Address	
City/Town	
Province	Postal Code
<p><input type="checkbox"/> I am applying for this reason and I am providing all the required documentation</p>	All documentation must be dated not more than 12 months before the date this application is received by the financial institution.
<p><b>F. First Month's Rent and Security Deposit</b></p> <p>You or your principal beneficiary are unable to pay the first month's rent and the security deposit required to rent a principal residence for you or your principal beneficiary.</p>	<p>Please submit all items that apply to you.</p>
Date of occupancy:	YYYY / MM / DD
Address of property to be principal residence:	
Mailing Address	
City/Town	
Province	Postal Code
<p><input type="checkbox"/> I am applying for this reason and I am providing all the required documentation</p>	All documentation must be dated not more than 12 months before the date this application is received by the financial institution.

## Acknowledgement of Potential Impacts of Unlocking due to Financial Hardship

**5** In order to withdraw funds from your retirement savings arrangement, paragraph 44.1(5)(a) of the Act requires you, as the applicant, to confirm in writing that you have been advised of and understand the following potential impacts of making this withdrawal:

- (a) an early withdrawal from your locked-in retirement savings arrangement may result in fewer financial resources to support your retirement and by completing the application you acknowledge that the Provincial Government of Newfoundland and Labrador does not commit to offsetting this potential loss of future pension income;
- (b) if you are a former member of a pension plan, an early withdrawal from your locked-in retirement savings arrangement may result in a lower benefit to your principal beneficiary, designated beneficiary, or estate upon your death or upon a marriage breakdown;
- (c) if your application coincides with a time of volatility in financial markets, the account value in your locked-in retirement savings arrangement may change significantly. Selling certain investments at this time may result in investment losses that cannot be recovered within the short-term;
- (d) a withdrawal is not required to be taken as cash, subject to any requirements under the Income Tax Act, but a cash withdrawal from your locked-in retirement savings arrangement is taxable as income for the calendar year the money is received;
- (e) tax may be withheld by your financial institution, as required by the Income Tax Act, but the amount withheld may be insufficient and you may be required to pay additional tax when filing your tax return for the calendar year the money is received;
- (f) once withdrawn, money cannot be re-contributed to your locked-in retirement savings arrangement in the future and, subject to any requirements under the Income Tax Act, any RRSP room would not be reinstated, which can affect your ability to accumulate tax-sheltered savings for retirement;
- (g) a withdrawal of funds from your locked-in retirement savings arrangement may result in a total annual income in the year of withdrawal that could disqualify you or your principal beneficiary from federal and provincial social support programs;
- (h) a withdrawal due to financial hardship may affect your ability to make other withdrawals within the same calendar year from the same or another locked-in retirement savings arrangement, such as a small balance withdrawal; and
- (i) once funds are withdrawn from your locked-in retirement savings arrangement, they are no longer protected by the Act from being assigned, charged, attached, anticipated, or given as security, and may no longer be exempt from execution, seizure, or attachment.

If you are unsure of the impact this decision will have on your particular situation you should contact the appropriate professional to assist you; for example, a financial expert, a tax professional, or the applicable government body.

By initialing to the right and signing this application under Section 6, you acknowledge you have read and understand the potential impacts of unlocking funds from your retirement savings arrangement due to financial hardship as described above.

**Initials of Owner**

## Declaration of Owner

### IMPORTANT

Once you sign and date this application, the financial institution that administers your locked-in retirement savings arrangement must receive it within 90 days.

Documents supporting an application under Sections 4B, 4C, 4D, 4E, or 4F must be signed and dated not more than 12 months before the financial institution receives this application.

**6** I, \_\_\_\_\_, understand that it is an offence under  
Name of Applicant (Printed)

the Act to provide information in this application that is not true, accurate, and complete.

If you are a former member of a pension plan from which the funds originated, please indicate whether you have a principal beneficiary at the time this application is made (Check one box if applicable):

- I have a principal beneficiary **and my principal beneficiary has completed Section 7 – Consent of Principal Beneficiary**, which has been signed and dated in the presence of a witness other than myself no more than 90 days prior to the date the financial institution receives this application; or
- I do not have a principal beneficiary.

Otherwise, check the following box, if applicable:

- I am not the former member of the pension plan from which the funds originated.

I declare and certify that the information provided in this Application to Withdraw from a Retirement Savings Arrangement due to Financial Hardship is true and accurate to the best of my knowledge and belief.

Signature of Owner	Date	YYYY	MM	DD
	/	/	/	/

Name of Witness to Owner (Printed)				
Signature of Witness	Date	YYYY	MM	DD
	/	/	/	/

**“Principal beneficiary”** means the spouse of the member or former member or, where the member or former member has a cohabiting partner, the member or former member’s cohabiting partner, as those terms are defined in the Act.

#### PLEASE NOTE

This form is not to be submitted to the Pension Benefit Standards Division. If you have questions or comments regarding this form or the associated legislation, please contact the Pension Benefit Standards Division by mail: P.O. Box 8700, St. John's, NL, A1B 4J6, telephone: (709) 729-1039, or email: [PensionRegulation@gov.nl.ca](mailto:PensionRegulation@gov.nl.ca).

## Consent of Principal Beneficiary

## IMPORTANT

Once signed, the financial institution that administers the locked-in retirement savings arrangement must receive it within 90 days.

This section must be signed in the presence of a witness who is not the owner of the locked-in retirement savings arrangement.

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I, \_\_\_\_\_, am the principal beneficiary, within the  
Name of Principal Beneficiary (Printed)  
meaning of the Act, of the applicant who is the owner of a locked-in retirement savings arrangement.

I understand that:

- a) the owner is making an application to withdraw money from the locked-in retirement savings arrangement, and that the owner cannot withdraw the money from the locked-in retirement savings arrangement without my consent;
- b) as long as this money is kept in the locked-in retirement savings arrangement, I may have a right under the Act to a share of this money if there is a breakdown in our spousal relationship or if the owner dies;
- c) if any money is withdrawn from the locked-in retirement savings arrangement, I may irrevocably lose any right that I have to a share of the money withdrawn;
- d) it may be prudent to seek independent financial and/or legal advice prior to signing this form to ensure I understand the consequences of consenting to this withdrawal; and
- e) the witness to my signature cannot be the owner of the locked-in retirement savings arrangement.

I consent to the owner's application to withdraw money from the locked-in retirement savings arrangement. I give my consent by signing and dating this consent in the presence of a witness who is not the owner of the locked-in retirement savings arrangement.

Signature of Principal Beneficiary of Applicant	Date	YYYY	MM	DD
	/	/	/	/

Name of Witness to Signature of Principal Beneficiary (Printed) – **Cannot be the owner of the locked-in retirement savings arrangement**

Signature of Witness	Date	YYYY	MM	DD
	/	/	/	/

**“Principal beneficiary”** means the spouse of the member or former member or, where the member or former member has a cohabiting partner, the member or former member’s cohabiting partner, as those terms are defined in the Act.

**Future benefits for a principal beneficiary may be valuable. Prior to signing this form, a principal beneficiary should consider obtaining independent advice concerning their individual rights and the effect of providing this consent. This form is not a substitute for legal advice.**

**PLEASE NOTE**

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