



POLICY NO. 2

THE BOARD OF THE UBCP RETIREMENT BENEFITS SOCIETY

FINANCIAL HARDSHIP WITHDRAWAL POLICY

adopted October 16, 2007

Reviewed June 22, 2022

Producer retirement contributions to the UBCP Group RRSP are locked in. The Board has determined that members who have certain financial hardships should have access to funds which are otherwise locked in, in accordance with this policy.

The minimum withdrawal is \$800 (or in the event the amount of the Mortgage (as hereinafter defined), rental arrears or extraordinary medical expense, if such amount is less than \$800); the maximum annual withdrawal is \$8,000.

1. Application Criteria

The requesting member must complete and sign an application form, attached as Schedule "A", requesting a specific amount from the Plan, and must provide sufficient documentation to confirm the existence of the matters described in paragraph 3 below (the "Application").

2. Administrator's Application Review

Once the Application has been received, the Administrator will review the Application. The Administrator will advise the requesting member if the Application is incomplete and will indicate in writing what further information is required from the requesting member. Once the Application is, in the opinion of the Administrator, complete, then the Administrator will determine whether he or she can approve such Application pursuant to paragraph 3 hereof.

3. Administrator Approval

The Administrator will approve an Application if any of the following conditions are met:

- 3.1 **Risk of Eviction from Home.** The member (or the member's spouse or common law partner) has received a written demand from a secured creditor or from a government in British Columbia for payment on a debt secured against the residence of the member or spouse/partner (e.g. mortgage, property lien or non-payment of property taxes (collectively a "Mortgage")); or

- 3.2 **Risk of Eviction from Rented Residence.** The member (or the member's spouse or common law partner) has received a written demand for the payment of rent owed and requires funds to avoid the risk of eviction; or
- 3.3 **Medical Expenses.** The member requires funds for extraordinary medical expenses for which he or she has no insurance coverage nor any insurance contribution reserve monies, or for which his or her spouse, child or parent has no insurance coverage and which expenses a physician has certified are medically required for the member, the member's spouse, child or parent, as the case may be.

If the Administrator approves an Application in whole or in part, then the Application will be stamped with an official approval stamp and the Administrator will sign off on the Application. Any partial approval will be notated as such. The approved Application must be kept within the member's file. The Administrator will promptly forward a letter advising of the approval to the member.

4. **Limitations**

- 4.1 **Frequency Limitations.** The benefits available in 3.1 and 3.2 hereof may be paid a maximum of two (2) times in any calendar year. Any such payment is permitted for Mortgage or rental arrears only.
- 4.2 **Payment for Medical Expenses.** The Directors may, in the case of extraordinary medical expenses as described in paragraph 3.3, decide to waive the maximum annual withdrawal limit.

5. **Declined Applications**

If the Administrator declines an Application, then the Administrator will promptly forward a letter to the member advising that the Application has been declined.



SCHEDULE "A"

FINANCIAL HARDSHIP WITHDRAWAL APPLICATION

APPROVED BY: _____

DATE: _____

MEMBER INFORMATION

Member Name: _____

Member Number: _____

SIN _____

Address: _____

Telephone: _____

Mobile: _____

Fax: _____

E-mail: _____

APPLICATION

I am requesting the amount of \$_____ from the locked in portion of the Plan.

CONFIRMATION OF HARDSHIP

I am applying for a hardship withdrawal on the following ground [select one]:

1. **Risk of Eviction from Home:** I (or my spouse/partner) have received a written demand from a secured creditor or government for money owed on a debt secured against my residence (or residence of my spouse/partner). A copy of the demand is attached to the Application.

2. **Risk of Eviction from Rented Residence:** I (or my spouse/partner) have received a written demand for the payment of rent owed and require funds to avoid the risk of eviction. A copy of the demand is attached to the Application.

3. **Miscellaneous.** I require funds for extraordinary medical expenses for which I or my spouse, child or parent have no insurance coverage. I have no insurance contribution reserve monies. I attach a physician's statement certifying that the expenses are medically required by me, my spouse, child or parent as the case may be.



RELEASE

I, _____, understand that, if my Application is approved, I will receive \$_____ from the locked in portion of the Plan and I waive any and all claims that I have or may in the future have against, and release from all liability and agree not to sue, the members of the Board and any of its employees, servants, agents or representatives for any personal injury, property damage or other loss that I may sustain as a result of any withdrawal made from the Plan pursuant to the Financial Hardship Withdrawal Policy due to any cause whatsoever.

[signature of member]