

Form 12 - Checklist for Financial Institutions

Use of this checklist is optional. It is provided as a tool to assist financial institutions in administering unlocking funds in circumstances of financial hardship. Where this guideline conflicts with the [Pension Benefits Act SNS 2011, c 41](#) or the [Pension Benefits Regulations NS Reg 200/2015](#), the Act and the Regulations govern. The Act and Regulations and in particular Sections 211 to 230 of the Regulations should at all times be consulted when processing financial hardship unlocking applications.

Applicant Name:

Date Signed by Applicant:

Date Received:

Date Consent Granted/Refused:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the most recent version of Form 12 completed by the applicant? if not request most recent version from applicant. The most recent version of Form 12 is available online at https://www.novascotia.ca/finance/en/home/pensions/forms/default.aspx
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all of the required pages of the application included? (Pages 1, 2, 3 & 4 (if applicable), plus Declaration Form 12●A, Form 12●B, Form 12●C, and/or Form 12●D (Part 1 and Part 2). <i>Note: Are any pages incomplete? If so, follow up with the applicant to have them completed.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	If the applicant is applying under low income / medical expenses criteria, has another such application been made in the same calendar year? If the applicant is applying under mortgage / rental arrears, have they been approved for mortgage / rental arrears at any time in the past? <i>Denial if application made in same calendar year for low income or medical expenses criteria. Denial if funds unlocked for mortgage arrears or rental arrears in the past</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Age of Applicant: _____ yrs. <i>Note: Check to see if the applicant meets any of the other criteria of NS unlocking provisions. For example, Small Amount Unlocking and Temporary Income from a LIF.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	FEDERAL Jurisdiction? <i>Note: if federal, deny under NS and refer applicant to federal unlocking provisions.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Funds originated from employment in NS? <i>Note: Denial if funds are not under NS jurisdiction. Please refer your client to the appropriate jurisdiction.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	At least one criteria chosen? <input type="checkbox"/> Mortgage <input type="checkbox"/> Rental <input type="checkbox"/> Medical <input type="checkbox"/> Low Income <i>Note: if the applicant has not chosen a criteria, deny. They must choose and meet a criteria for unlocking. No exceptions permitted.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dated signature of the applicant and witness on the Owner's Certificate (page 3)? <i>Note: Follow up with applicant if unsigned or not witnessed.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Eligible Spouse	Spousal consent completed, dated and signed by spouse and a witness that is not the spouse's spouse (Page 4)? <i>Note: Follow up with applicant if unsigned or not witnessed</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Funds are in a LIRA/LIF? <i>Note: Denial if still in a Registered Pension Plan.</i>
<input type="checkbox"/> For Mortgage Default criteria / <input type="checkbox"/> Rental Default criteria	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant indicated if they have previously unlocked for Mortgage Default or Rental Default? <i>Note: if so, the applicant would not be eligible to apply again for this criteria. Check to see if your client would meet another provision for unlocking (if no previous application for financial hardship for low income and/or medical/dental expenses made during the calendar year).</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage – Threat of foreclosure, eviction or legal action submitted by financial institution / legal representative? Rental – Demand for arrears and threat of eviction from landlord?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary residence of applicant? <i>Note: Check application to confirm address.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant signed / dated Form 12●B (Page 7) or Form 12●C (Page 8)

Arrears as of date application is signed: \$_____ (Including legal fees etc.)

Amount requested: \$ _____ / Maximum Allowed (amount in default or arrears plus directly related enforcement costs)

Recommendation: Approval for: \$_____ or Denial

Reviewer comments: _____

For Medical and Dental Expenses criteria

- Yes No Has there been an FHU withdrawal for this criteria in the current calendar year?
Note: if so, the applicant would not be eligible to apply again for this criteria until the next calendar year. Check to see if your client would meet another provision for unlocking.
- Yes No Doctor/Dentist certification present in part Form 12●D Part 1 (Page 9)
- Yes No Has doctor listed prescriptions / goods / services?
- Yes No Expenses or Estimates for services provided by service providers?
Note: Expenses/Estimates need to occur within the next 12 months and/or 12 months after the date the application is signed.
- Yes No Has the applicant signed / dated Form 12●D Part 2 (Page 10)
- Yes No Dental / Medical services are essential to treat illness or disability, and not cosmetic?
- Yes No Are expenses covered by Pharmacare or any other source (e.g. private health insurance)?

Calculate out of pocket expenses:

Out of pocket expenses = \$ _____

Amount requested: \$ _____ / Maximum Allowed

Recommendation: Approval for: \$_____ or Denial

Reviewer comments: _____

For Low Income criteria

- Yes No Is the owner's anticipated total income from all sources before taxes for the 12-month period immediately following the signing date less than 66 2/3% of the Year's Maximum Pensionable Earnings (YMPE) for the year in which the application is signed?
Note: If not, they do not qualify for low income.
- Yes No Expected Income clearly stated and explained in covering letter and includes maximum annual LIF income and "temporary income" for all LIF's of the owner?
Note: if not, follow up with the applicant.
- Yes No Review sources of expected gross income (before taxes) and supporting documentation. Determine if any further information is required.
- Yes No Has the applicant signed/dated Form 12●A (Page 5)?
Note: if not, follow up with the applicant.
- Yes No Has there been an FHU withdrawal for this criteria in the current calendar year?
Note: if so, the applicant would not be eligible to apply again for this criteria until the next calendar year. Check to see if your client would meet another provision for unlocking.
- Yes No Confirm that the calculated expected income has been verified and is accurate

Reviewer comments: _____
