



**Request for Hearing
Financial Hardship Proceeding**
(before the Financial Services Tribunal)
(Form 1.1)

**Financial
Services
Tribunal**

Use this form to request a hearing before the Financial Services Tribunal about a proposed decision of the Superintendent of Financial Services if:

- you have applied to the Superintendent for consent to withdraw money from your Ontario locked-in retirement account, life income fund or locked-in retirement income fund **based on financial hardship**,
- the Superintendent has sent you a Notice of Proposal to Refuse to Consent to your application, and
- you want a hearing before the Financial Services Tribunal about the Superintendent's Notice of Proposal.

Complete this form and send it with any additional documents to the Financial Services Tribunal **within 30 calendar days** after you receive the Superintendent's Notice of Proposal. Send the completed form **by mail or fax** to:

**The Registrar
Financial Services Tribunal
5160 Yonge Street
Box 85, 14th Floor
Toronto ON M2N 6L9
fax: (416) 226-7750**

Your hearing will be conducted through the exchange of written documents only, unless you request or the Financial Services Tribunal orders that your hearing be conducted in a different manner.

A copy of your request for a hearing and any attachments will be sent to the Superintendent. A copy of the response by the Superintendent will be sent to you. You may reply in writing to any of the matters or information set out in the Superintendent's response.

Personal information requested is collected under the authority of the *Financial Services Commission of Ontario Act, 1997*. This information will be used for the purposes of the proceeding and will be available to all parties to the proceeding. Any personal information collected must be held in confidence by all parties to the proceeding.

For further information about requesting a hearing or if you have any questions about the proceeding, please contact the Registrar of the Financial Services Tribunal at (416) 226-7752 or toll free at 1-800-668-0128 ext. 7752.

Tribunal File Number

(The Registrar of the Financial Services Tribunal will complete this box.)

Applicant's Name and Address

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>			Last Name		First Name	
Street Address						
City		Province/State		Postal/Zip Code		Phone No.
E-mail					Fax No.	

Applicant's Representative (if any)Mr. Mrs. Ms.

Last Name

First Name

Street Address

City

Province/State

Postal/Zip Code

Phone No.

E-mail

Fax No.

Relief Sought

Describe what you would like the Financial Services Tribunal to do about the Superintendent's Notice of Proposal and your application.

 Additional sheets attached.**Reasons for Relief Sought**

Explain why you disagree with the Superintendent's Notice of Proposal

 Additional sheets attached.

Documents

Attach the following documents to this form, if available. Check the circles below to indicate if the documents are attached:

- A copy of the Superintendent's Notice of Proposal to Refuse to Consent to your application
- A copy of the application you sent to the Superintendent, including any receipts, estimates or other documents you attached to it
- A copy of any correspondence between yourself and the Superintendent regarding your application

If any other documents are attached to this form, describe them below:

Additional sheets attached.

Manner of Hearing

Please indicate if you want to request that your hearing be conducted in a manner other than the exchange of written documents. Any such request may be approved or disapproved by the Tribunal.

Additional sheets attached.

Certification and Signature

I certify that all of the information contained in this request for a hearing is true and complete.

Name (please print)

Title

Applicant

Representative

Date

Signature