



**Superintendent's Response
Financial Hardship Proceeding**
(before the Financial Services Tribunal)
(Form 1.2)

**Financial
Services
Tribunal**

This form is used by the Superintendent of Financial Services to respond to a request by the Applicant for a hearing before the Financial Services Tribunal about a Notice of Proposal by the Superintendent to refuse to consent to the withdrawal of money from the Applicant's Ontario locked-in retirement account, life income fund or locked-in retirement income fund based on financial hardship (Form 1.1).

This form must be completed by the Superintendent and sent with any additional documents to the Registrar of the Financial Services Tribunal **within 14 calendar days** after the Superintendent receives the Applicant's request for a hearing.

A copy of this completed Superintendent's Response and any attachments will be sent to the Applicant. The Applicant may reply in writing to any of the matters or information set out in this Superintendent's Response by completing an Applicant's Reply (Form 1.3) and sending it to the Registrar of the Financial Services Tribunal.

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 the Superintendent's Response 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 and Applicant's Name

Insert the Financial Services Tribunal File Number found on the Applicant's request for a hearing.

Insert the Applicant's name as found on the Applicant's request for a hearing.
Last Name First Name

**Name of Superintendent's Representative
Completing this Superintendent's Response**

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Last Name	First Name	Title
Phone No.			Fax No.		
E-mail					

Superintendent's Response

Additional sheets attached.

Documents

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

Additional sheets attached.

Certification and Signature

I certify that all of the information contained in this response is true and complete.

Signature	Date
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