

**HOME BUYERS' PLAN (HBP)  
REQUEST TO WITHDRAW FUNDS FROM AN HBP**

Use this form to make an affidavit for your registered retirement savings plan (RRSP) under the Home Buyer's Plan (HBP). Answer the questions in Part I of this form to determine if you are eligible to have a withdrawal from your RRSP under the HBP. Although some questions may apply to certain persons (as indicated), you do not need to answer all questions. To qualify for the HBP, the withdrawal or HBP for home purchase and the HBP for home purchase must be made on or before January 31, 2026, for the withdrawal or HBP for home purchase, or the sales contract year. The maximum you can withdraw after January 31, 2026, for participation that begins for 2026 on a later year is \$5,000. Complete this form and give the form to your financial institution.

**Area 1 – To be completed by the participant**

**Part 1 – Complete the following questions to determine if you can make a withdrawal from your RRSP under the HBP**

- |   |   |
|---|---|
| <p>1. Are you a resident of Canada?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer under HBP withdrawal</p>   | <p>6a. Are you a partner with a disability?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer 6b</p>   |
| <p>2. Are the person(s) you are buying or building a qualifying home considered a certain person(s) as set?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer under HBP withdrawal</p> | <p>6b. Are you withdrawing funds from your RRSP to pay or settle a qualifying home loan or mortgage when a disability or long-term condition of a partner(s) of yours is a qualifying home?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer 6c</p>   |
| <p>3a. Are you also withdrawing your withdrawal funds from your RRSP under the HBP to buy or build a qualifying home?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer 3b</p>         | <p>6c. Are you considered a first-time home buyer?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer under HBP withdrawal</p>  |
| <p>3b. Are you making this request in already a part of the participant you bought a home?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer 3c</p>                                    | <p>7. Does the person(s) you are buying or building the qualifying home(s) not qualify as the only or principal place of residence for the person(s) you are buying or building? If you are a partner(s) for a certain person with a disability or long-term condition, you must ensure that the certain person with a disability always be home as the only or principal place of residence.<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer under HBP withdrawal</p> |
| <p>4a. Are you eligible to have your previous HBP participation end on January 1 of this year?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer under HBP withdrawal</p>              | <p>8. Are the person(s) who are buying or building the qualifying home(s) in a first-time or additional purchase, and do they have more than 10 days before receiving the withdrawal?<br/>Yes <input type="checkbox"/> If no, answer under HBP withdrawal. No <input type="checkbox"/> If no, answer under Part 2.</p>  |

**Part 2 – Complete this part to make a withdrawal from your RRSP under the HBP**

Your name (as shown on RRSP form)	Social Insurance Number (SIN)
Address of qualifying home being bought or built (include number, street, road, lane, or trail and residential number)	
City	Province or Territory
Postal code	Telephone number
Do you own a partner with a disability, other than you? <input type="checkbox"/>	
If you answered "Yes" to question 8b above, provide the following information about the person:	
Name	Relationship to you
SIN of person with the disability	

**Part 3 – Certification**

Amount of request withdrawal: \$ _____	Can withdrawal exceed: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
I certify that the information given is true to the best of my knowledge.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Participant's signature: _____	Amount of funds in the HBP that will be withdrawn to buy: \$ _____

**Area 2 – To be completed by the HBP issuer** Do not provide this to the HBP participant.

Issuer's name	Issuer's number	Amount of withdrawal \$ (SIN) to HBP in a year can be withdrawn (see SIN) January 31, 2026
Issuer's address	Can withdrawal exceed: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	