

POLICY NO. 1

THE BOARD OF THE UBCP RETIREMENT BENEFITS SOCIETY

DISABILITY WITHDRAWAL POLICY (adopted October 18, 2005) (Reviewed December 11, 2007)

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

1. Application Criteria

The requesting member must complete and sign an application form, attached as Schedule "A", requesting a specific amount from the locked in contributions, or a full waiver of locking in, or both, and must provide medical confirmation of his or her disability (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 the applicant's physician has certified that the applicant has any one or more of the following conditions:

- 3.1 Alzheimer's disease (or significant dementia);
- 3.2 benign brain tumour;
- 3.3 blindness, deafness, loss of speech;
- 3.4 cancer;
- 3.5 coma;
- 3.6 coronary artery bypass surgery;
- 3.7 heart attack;
- 3.8 kidney failure;
- 3.9 major organ transplant;
- 3.10 motor neuron disease (eg: ALS);
- 3.11 multiple sclerosis;
- 3.12 HIV/AIDS;
- 3.13 paralysis or loss of limbs;

- 3.14 Parkinson's disease;
- 3.15 severe burns (third degree covering at least 20% of surface area of body); or
- 3.16 stroke.

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. Declined Applications

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

5. Approval of Specific Withdrawal

If the Administrator approves an Application requesting a specific sum for withdrawal, then the Administrator will direct Group Retirement Services to withdraw such portion from the locked in portion of the Plan and to forward it directly to the member.

6. Waiver

If the Administrator approves a waiver, then the Administrator will ensure that, for a period of one year from the date the waiver is approved, all locked in producer contributions will be forwarded directly to the member. Upon the expiry of the one year period, the Administrator will request sufficient information from the member to determine whether the member continues to be disabled. This information will be brought forward to the Board. The Board will then decide whether to cancel or continue the waiver.

If the waiver is cancelled, the Administrator will inform the member in writing and any producer contributions thereafter will return to full locked in status. If the waiver is approved, it will remain in force for the following year and, upon its expiry, the above-noted procedure must again be followed.

SCHEDULE "A"

DISABILITY WITHDRAWAL APPLICATION

APPROVED BY: _____

DATE: _____

MEMBER INFORMATION

Member Name: _____

Member Number: _____

SIN _____

Address: _____

Telephone: _____

Mobile: _____

Fax: _____

E-mail: _____

APPLICATION

I am applying for [check whichever applies]:

_____ 1. The amount of \$_____ from the locked in portion of the Plan.

_____ 2. A full waiver of locking in for a one year period.

CONFIRMATION OF DISABILITY

I am suffering from _____ [describe disability].

I attach a certificate from my physician certifying that I have the above-described condition.

RELEASE

I, _____, understand that, if my Application is approved, I will receive [\$_____ from the locked in portion of the Plan] and/or [a one year waiver of locking in] 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 Disability Withdrawal Policy due to any cause whatsoever.

[signature of member]