

Request for Cash Withdrawal



1 CONTRACTHOLDER'S PERSONAL INFORMATION

Client No.: 3 ___ - ___ - ___ OR Contract No.: 5 _____

Last name First name

2 PLAN DETAILS (Check one box only)

- Non-registered
- TFSA
- RRSP – Contributing contractholder OR RRSP – Spousal
- RRIF – Contributing contractholder OR RRIF – Spousal

3 WITHDRAWAL FROM AN INVESTMENT ACCOUNT

Account No.	Fixed amount in \$	Gross/Net	Total	Percentage %	10% penalty-free	Total mature units	Total free units
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 WITHDRAWAL FROM ALL OTHER TYPES OF ACCOUNTS

Account No.	Fixed amount in \$	Gross/Net	Total	GIC at maturity	GIC before maturity (redeemable only)
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5 TAX DEDUCTIONS

By default, the percentage of tax deducted is the minimum amount set by legislation. Complete if you wish the percentage of tax deducted to be different:

Provincial tax – Indicate the requested percentage: _____ %

Federal tax – Indicate the desired percentage: _____ %

6 DEPOSIT METHOD

- By direct deposit (account number already on file)¹
- By cheque
- In an account other than the one on file – **send a personal cheque**

1. The transfer will be made into the bank account of the financial institution in our system (account used for periodic disbursement [i.e. for a RRIF] or the account number used for periodic withdrawals [i.e. for an RRSP, TFSA or non-registered account]).

To change or cease periodic payments, please fill out the Change or Termination of the Preauthorized Debit Agreement form. If the payor is different from the contractholder (possible with spousal RRSPs only), the payor's declaration section on this form must be signed.

7 CONTRACTHOLDER'S DECLARATION

I agree to pay any fees and penalties applicable to this request for withdrawal, as required.

Signed at: _____ this _____ day of _____ 20 _____.

X

Signature of contractholder

8 ADVISOR'S DECLARATION

I declare that I obtained prior specific authorization (Limited Authorization Form – LAF) from the contractholder for this instruction form and that I informed the contractholder of any applicable fees and penalties.

Signed at: _____ this _____ day of _____ 20 _____.

X

Signature of advisor

Advisor code

9 CONSENT OF IRREVOCABLE BENEFICIARY

I hereby agree to this request for cash withdrawal.

Beneficiary's name

X

Signature of irrevocable beneficiary, if applicable

Date (YYYY/MM/DD)