



ACCOUNT NUMBER	MASTER NO.
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Annuitant Information

SURNAME	GIVEN NAME(S)	SOCIAL INSURANCE NUMBER	
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

Withdrawal Instructions

On the maturity date of DATE (MM/DD/YY) process the funds as indicated below:			
☐ Close my current RIF and pay proceeds to me (less applicable tax)			
☐ Withdraw the amount of AMOUNT (\$)	☐ Less applicable tax	☐ Plus applicable tax	

Details	Principal Balance	\$
	Accrued Interest	\$
	Withdrawal Fee	\$
	Less: Withholding tax at RATE (%)	\$
	ICU / Cheque Amount	\$

Proceeds to be sent by:

☐ ICU	NAME OF CREDIT UNION		ACCOUNT NUMBER	
☐ Cheque	☐ Send to address above	☐ Send to: NAME		
STREET ADDRESS		CITY	PROVINCE	POSTAL CODE

Signatures

SIGNATURE OF ANNUITANT	DATE (MM/DD/YY)	ACCEPTED BY AUTHORIZED OFFICER
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Additional Notes

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LSM - Internal Use Only

DATE (MM/DD/YY)	CHEQUE NUMBER	AMOUNT (\$)	PROCESSED BY
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