Clear Form

LEAGUE SAVINGS AND MORTGAGE
A Credit Union Company

Tax Free Savings Account Withdrawal

ACCOUNT NUMBER	MASTER NO.

Account Holder 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 TFSA and pay proceeds to me

☐ Withdraw the amount of AMOUNT ($)

Details		
	Principal Balance	$
	Accrued Interest	$
	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 ACCOUNT HOLDER	DATE (MM/DD/YY)	ACCEPTED BY AUTHORIZED OFFICER

Additional Notes

LSM - Internal Use Only

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

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