



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  process the funds as indicated below:

Close my current RSP and pay proceeds to me (less applicable tax)

Withdraw the amount of   Less applicable tax  Plus applicable tax

<b>Details</b>	Principal Balance	\$
	Accrued Interest	\$
	Funds Available	\$
	Less: Withholding tax at <input type="text" value="RATE (%)"/>	\$
	ICU / Cheque Amount	\$

**Proceeds to be sent by:**

<input type="checkbox"/> ICU	NAME OF CREDIT UNION	ACCOUNT NUMBER	
<input type="checkbox"/> Cheque	<input type="checkbox"/> Send to address above	<input type="checkbox"/> Send to: <input type="text" value="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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