



ACCOUNT NUMBER

Account Holder 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 FHSA and pay proceeds to me (less applicable tax)

Withdraw the amount of Less applicable tax Plus applicable tax

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

Proceeds to be sent by:

ICU

Cheque Send to address above Send to:

Signatures

<input type="text" value="SIGNATURE OF ACCOUNT HOLDER"/>	<input type="text" value="DATE (MM/DD/YY)"/>	<input type="text" value="ACCEPTED BY AUTHORIZED OFFICER"/>
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Additional Notes

LSM - Internal Use Only

<input type="text" value="DATE (MM/DD/YY)"/>	<input type="text" value="CHEQUE NUMBER"/>	<input type="text" value="AMOUNT (\$)"/>	<input type="text" value="PROCESSED BY"/>
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