

LEAGUE SAVINGS AND MORTGAGE

First Home Savings Account Withdrawal

Non-Qualifying Withdrawal

A Credit Union Company		ACCOUNT NU	IMBER	
Account Holder Information				
SURNAME	GIVEN NAME(S)	SOCIAL INSU	RANCE NUMBER	
STREET ADDRESS	СІТҮ	PROVINCE	POSTAL CODE	

Withdrawal Instructions			
	DATE (MM/DD/YY)		
On the maturity date of	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 amoun	AMOUNT (\$) t of	Less applicable tax	Plus applicable tax

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

Proceeds to be sent by:					
	CU NAME OF CREDIT UNION ACCOUNT NUMBER				
Cheque	Send to address above NAME Send to:				
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		