



ACCOUNT NUMBER	MASTER NO.
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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:
<input type="checkbox"/>	Close my current TFSA and pay proceeds to me
<input type="checkbox"/>	Withdraw the amount of
	AMOUNT (\$)

<b>Details</b>	Principal Balance	\$
	Accrued Interest	\$
	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: 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