



# Tax-Free Savings Account Withdrawal Request

To Process the Request: Fax (403) 261-7523

**1. Account Information** (Please ensure that each item is completed or the withdrawal cannot be executed.)

Holder Surname \_\_\_\_\_

TFSA # \_\_\_\_\_

Holder First Name \_\_\_\_\_

S.I.N. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**2. Withdrawal Details**

- A. Check One Only
- Full Withdrawal
  - Partial Withdrawal \$ \_\_\_\_\_

- B. Delivery Instructions
- Mail
  - Pick-up
  - EFT (Electronic Funds Transfer)

Institution  Transit  Account \_\_\_\_\_

**A void cheque must be attached.**

**Fees**

Partial Withdrawal	\$25 (+ G.S.T.)
Full Withdrawal	\$125 (+ G.S.T.)

**3. Authorization**

X \_\_\_\_\_  
Holder's Signature

\_\_\_\_\_  
Date