



**REQUEST FOR WITHDRAWAL,  
WITHDRAWAL FOR REINVESTMENT**

→ Document already faxed?  
Yes, keep the original in your files.

Agency or company name		Code	Date of the request	
			Y	M
Agent		Code	S.U.	
Account no.	Holder's last and first name (in block letters)		FundSERV contract	
			Dealer code	Code du représentant

**1**  WITHDRAWAL  WITHDRAWAL FOR REINVESTMENT (same account)

- TOTAL On a total withdrawal to client, if the account contains a loan, it must be reimbursed as follows:
  - from investments in the account<sup>(1)</sup> OR  by the client (Attach cheque.)
- WITHDRAWAL OF A SPECIFIC AMOUNT: \$ \_\_\_\_\_ Specify:  gross  net of fees  net of fees and taxes (reg. only)
  - from  Daily interest account  GIC:  annual interest  compound interest
- SURRENDER OF:  Specific GIC

Date of deposit	Amount of deposit	Amount to be surrendered	Time of the withdrawal								
<table border="1"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr> </table>	Y	Y	Y	Y	M	M	D	D	\$ _____	<input type="checkbox"/> total or <input type="checkbox"/> interest or <input type="checkbox"/> \$ _____	<input type="checkbox"/> at maturity <input type="checkbox"/> before maturity*
Y	Y	Y	Y	M	M	D	D				
<table border="1"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr> </table>	Y	Y	Y	Y	M	M	D	D	\$ _____	<input type="checkbox"/> total or <input type="checkbox"/> interest or <input type="checkbox"/> \$ _____	<input type="checkbox"/> at maturity <input type="checkbox"/> before maturity*
Y	Y	Y	Y	M	M	D	D				

- DESTINATION OF FUNDS**
- Electronic Funds Transfer (EFT) reference no. \_\_\_\_\_ or attach a **personalized** cheque specimen.
  - Send the cheque to the client

<sup>(1)</sup>Complete section 3. Client's signature is mandatory.

**2**  SPECIAL INSTRUCTIONS

**3**  SIGNATURES Date 

Y	Y	Y	Y	M	M	D	D
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I request that the transaction indicated above be carried out in accordance with the rights, conditions and stipulations of the account.

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_  
Holder Co-holder Witness/Agent



**PAYMENTS, INSTRUCTIONS FOR AUTOMATIC  
WITHDRAWAL TERM (AWT)**

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Yes, keep the original in your files

Agency or company name		Code	Date of the request	
Agent		Code	Y	M
Account no.		Holder's last and first name (in block letters)		S.U.
		FundSERV contract		
		Dealer code		Code du représentant

**1**  **PAYMENT (RRIF)** Effective date of the transaction 

Y	Y	Y	Y	M	M	D	D
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Indicate if you want to:  Suspend benefits from 

Y	Y	Y	Y	M	M	D	D
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 to 

Y	Y	Y	Y	M	M	D	D
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**Indicate your changes:**

- Amount: \$ \_\_\_\_\_  Net of charges or  Net of charges and taxes
- Frequency:  Monthly  Annual (except January)
- Date:  Monthly (day 1 to 28 only) \_\_\_\_\_ or  Other (month except January – day 1 to 28 only) 

M	M	D	D
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**Income Payment option:**

- Minimum** (RRIF)
- RRIF/Amount \$ \_\_\_\_\_ indexed at \_\_\_\_\_ % (Max. 8%)
- Amount** \$ \_\_\_\_\_
- Additional taxes (available net amount only) →  Provincial \_\_\_\_\_ %  Federal \_\_\_\_\_ %
  - on the total payment  on the excess of the minimum **OR:** \$ \_\_\_\_\_  Total amount  Additional

**2**  **SPECIAL INSTRUCTIONS**

**3**  **SIGNATURES** Date 

Y	Y	Y	Y	M	M	D	D
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I request that the transaction indicated above be carried out in accordance with the rights, conditions and stipulations of the account.

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_  
Holder Co-holder Witness/Agent