

## RRSP WITHDRAWAL REQUEST

Personal	Information			
Name:				
Account #:		Social Insurance Nu	Social Insurance Number:	
Mailing add	lress (Number, street, apt. no.)			
City:		Province:	Postal Code:	
Phone Number:		Email Address:	Email Address:	
Withdraw	val Details			
I hereby r	equest to withdraw funds/inve	stments from my self-d	irected RRSP as follows:	
☐ all in cas	h $\Box$ all assets in kind (as-is) $\Box$ pa	artial, as listed below*		
	sting a partial withdrawal, plea	ise complete the table b	pelow:	
□ In cash	Amount:			
□ In kind	Investment description:			
□ In cash	Amount:			
□ In kind	Investment description:			
□ In cash	Amount:			
□ In kind	Investment description:			
	and that there will be tax withheistrative fee of \$50 for partial w	·	CRA for this type of withdrawal.	
from the	amount requested. If my accou	nt is closed after March	31 of the current year, it will	
be subjec	t to the annual account fee; thi	s will also be withheld f	rom my withdrawal (unless	
•	angements have been made wit		,	
	nere are insufficient cash funds i		e taxes and fees, you are	
-			rawal request being processed.	
		,	and requestions processes.	
l am awar	e that I will be issued a T4RSP s	slip to claim the amount	withdrawn as income for the	
tax year iı	n which this request is processe	ed.		
Annuitant Signature		<del></del>	Date	

Please forward this request to CWCF (Attn: Josh Dyke) at 1-41 Aberdeen Street, Kentville, NS, B4N 2M9. It may also be faxed to (902) 678-0780.