

Personal Information

Name:		
Account #:	Social Insurance Number:	
Mailing address (Number, street, apt. no.)		
City:	Province:	Postal Code:
Phone Number:	Email Address:	

Withdrawal Details

I hereby request to withdraw funds/investments from my self-directed TFSA as follows:

- full cash balance (do not liquidate any of my assets)
 all assets, in-cash (liquidate all of my assets)
 all assets, in-kind (as-is, i.e. cash and/or securities)
 partial, as listed below*

***If requesting a partial withdrawal, please complete the table below:**

<input type="checkbox"/> In cash	Amount:
<input type="checkbox"/> In kind	Investment description:
<input type="checkbox"/> In cash	Amount:
<input type="checkbox"/> In kind	Investment description:
<input type="checkbox"/> In cash	Amount:
<input type="checkbox"/> In kind	Investment description:

I understand that there will be an administrative fee of \$50 for partial withdrawal/\$75 for account closing, which will be deducted from the amount requested. If my account is closed after March 31 of the current year, it will be subject to the annual account fee; this will also be withheld from my withdrawal (unless other arrangements have been made with my representative).

Note: If there are insufficient cash funds in the account to deduct applicable fees, you are required to send the amount owing to CWCF prior to your withdrawal request being processed.

Annuitant Signature

Date

Please forward this request to CWCF (Attn: Josh Dyke) at 1-41 Aberdeen Street, Kentville NS, B4P 2M9. It may also be faxed to (902) 678-0780 or emailed to josh@canadianworker.coop.