

Withdrawal form for your Tax-Free Savings Account (TFSA)

Please print clearly in the blank boxes.

Use this form for cash withdrawals, transfer of funds to an individual or group plan with Manulife Financial or transfer of funds to another financial institution.

Send your completed form to:

Manulife Financial
Attn: GRS Client Services, KC-6
 PO BOX 396 STN WATERLOO
 WATERLOO, ON N2J 4A9

Your personal information

Plan Sponsor Coastal Community		Group Policy number 41002708		
Member number		Customer number		
Last name		First name		Middle initial
Mailing address (number, street and apartment number)			Telephone number*	Ext.*
City	Province	Country	Postal Code	Email address*

*These fields are optional.

Note:

A market value adjustment, and/or a service charge may apply if applicable. Not all withdrawal types may be available under your plan. See your Plan Administrator for details.

Your withdrawal type

- Transfer to an individual or group plan with Manulife Financial
 Transfer to another financial institution
 Cash withdrawal

Your withdrawal amount

- Full withdrawal of all funds
 Are future contributions going to continue?
 Yes No
 (If No, member status will be changed to inactive)
- Partial withdrawal amount
 Must equal total amount shown in fields below.

Gross dollar amount
 \$

Optional: You can choose which investments you want to withdraw from.

Investment code	Amount to be withdrawn \$	Investment code	Amount to be withdrawn \$
Investment code	Amount to be withdrawn \$	Investment code	Amount to be withdrawn \$

Your transfer information

Please ensure any appropriate transfer forms are attached.

TFSA

Name of new financial institution

Mailing address (number, street and suite number)


City Province Postal Code

Your payment method

FOR CASH WITHDRAWALS ONLY

Direct deposit is available only to Canadian currency chequing or savings bank accounts.

1 Direct Deposit

Bank Name		
		
Transit Number	Institution Number	Account Number

2 Cheque

Specify where cheque should be mailed:

Member's address (shown above)
 Other (specify) _____

Please sign here

I understand that I have made a selection from the withdrawal options listed and I require no further information on these options.

By withdrawing my funds in cash (where available), I acknowledge that these funds may be subject to fees or market value adjustment. I hereby certify that the information on this form is correct to the best of my knowledge.

Your signature	Date signed (dd/mmm/yyyy)
Irrevocable beneficiary's signature (if required)	Date signed (dd/mmm/yyyy)