

**Withdrawal Form**

7100 Ada Blvd. NW Edmonton, AB T5B 4E4

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Email: cef@lccabc.ca

If any of your personal information has changed please complete a 'Change form' or send us an email.

Date: \_\_\_\_\_

Name/Payable to:

\_\_\_\_\_

*First Name*

*Last Name*

*Initial*

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone:

\_\_\_\_\_

E-mail:

\_\_\_\_\_

**CEF Withdrawal:**

Cheque # \_\_\_\_\_

(Please check applicable box)

Partial Withdrawal

Close out Account

Account # \_\_\_\_\_

Amount \_\_\_\_\_

**RRSP/RRIF/TFSA Withdrawal:**

Cheque # \_\_\_\_\_

(Please check applicable box)

RRSP

RRIF

TFSA

Account # \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Withholding Tax: \_\_\_\_\_

Early Transfer Fee: \_\_\_\_\_

Amount Disbursed \_\_\_\_\_

Signature:

\_\_\_\_\_

Signature:

\_\_\_\_\_

(For office use only)

Authorized Signature:

Date:

\_\_\_\_\_

