

REQUEST FOR WITHDRAWAL/TERMINATION FORM



522 University Ave, Suite 400 Toronto, ON M5G 1Y7 Fax: 1-866-395-5553 PO Box 1907, Station Terminus Quebec City, QC G1K 7M3 Fax: 1-800-786-6065

we carry out most transactions by pho	one! For faster service, call 1-800-567-56	070.
Contract no. Division no.	Policyholder	
Member's first name	Member's last name	
Social Insurance Number	Phone	
Member address No. Street		Apartment
City	Province	Postal code
TERMINATION/RETIREMENT	Y M D	
☐ Termination of employment/retirement, effe		
If retired, spouse's date of birth		
Close account, effective date:	W D	
The last contribution will be remitted to Industry on M D on (All requests will be processed after receipt of the last contribution) WITHDRAWAL/TRANSFER	ial Alliance Insurance and Financial Services Ir	nc. (the "Company")
	ce Opportunity plan and to continue to enjo	ov the benefits of a group plan or to obtain
	1-800-567-5670 (press 2 and then 1 once you	, , , , , , , , , , , , , , , , , , , ,
Transfer to an individual savings product at the Company	Cash withdrawal	Transfer to another financial institution
Contract no. to which the amounts are transferred:	Payment method	Partial amount Amount withdrawn: \$ or%
Partial amount	Partial amount	or
Amount withdrawn: \$ or%	Amount withdrawn: \$ or%	Total amount
or	Before tax (gross) or After tax (net)	•For an RRSP, attach a completed T2033. •For an RPP or DPSP, attach a completed T2151.
☐ Total amount	or Total amount	•For a TFSA, provide the name and address of the financial institution and the account number.
	Home Buyer's Plan: Attach a completed T1036.	
Signature of irrevocable beneficiary, if applicable		Date of birth Y M D
Signature of irrevocable beneficiary, if applicable		Date of birth
Signature of irrevocable beneficiary, if applicable		1 ' 1 ' 1
Member's signature	Phone	Y M D Date Y M D
Policyholder's signature(if applicable)	Title	