

LEGACY ACCOUNT ADMINISTRATIVE FORM

1310 Taylor Ave. Winnipeg, Manitoba R3M 3Z6 www.ccmbclegacyfund.com Telephone 204.669.6575 Toll Free 888.669.6575 Fax 204.654.1865 legacy@mbchurches.ca

I	egacy	Account	Number

Name of Church/Account Hole	der		
Please check and complete the	applicable section(s)		
DEPOSIT INFORMATION:			
Attached is our cheque in the NOTE: Cheque should be m	ne amount of \$nade payable to CCMBC Legacy l	Fund Inc.	
☐ WITHDRAWAL REQUEST:			
Please withdraw the follow	ing: all proceeds		
	\$		
Please send via: cheque	by mail to the address given be	ow	
electro	nic transfer to our bank account.	A void cheque is attached.	
FUNDS TRANSFER:			
—	from this Legacy Account	to our: Legacy Account #	
		Loan #	
CHANGE OF SIGNING AUTH	ORITY: (SUPPORTING DO	CUMENTS ATTACHED)	
CHANGE OF ADDRESS:			
(Old Address	s)	(New Addre	ss)
AUTHORIZATION:			
Name	Signature	Date	
Name	Signature	Date	
Name	Signature	Date	