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 Toll Free 888.669.6575
 Fax 204.654.1865
 legacy@mbchurches.ca

Cash Account Number

Name(s) of Account Holder(s)

Please check and complete the applicable section(s)

WITHDRAWAL REQUEST:

Please withdraw the following: all proceeds
 \$ _____

Please send via: cheque by mail to the address given below
 electronic transfer to my bank account. A void cheque is attached.

FUNDS TRANSFER:

Please transfer \$ _____ from my Cash Account # _____ to my: TFSA # _____
 RRSP # _____
 Cash Acc # _____

CHANGE OF ADDRESS:

(Old Address)	(New Address)

CHANGE OF NAME: (CERTIFIED TRUE COPY OF OFFICIAL SUPPORTING DOCUMENT ATTACHED)

(Former Name)	(New Name)

AUTHORIZATION:

 (Date)

 (Phone Number)

 (Home Church)

 (Signature(s) of Account Holder(s))

 (Address)