

CASH 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

Cash	Account	Number
Casn	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 belo)W
electronic transfer to my bank account. A	
FUNDS TRANSFER: Please transfer \$ from my Cash Account #	to my: TFSA #
Troube dansier # from my Cash recount " _	RRSP #
	Cash Acc #
CHANGE OF ADDRESS:	
(Old Address)	(New Address)
CHANGE OF NAME: (CERTIFIED TRUE COPY OF OFFICE (Former Name)	CIAL SUPPORTING DOCUMENT ATTACHED) (New Name)
(Former Name)	(New Name)
AUTHORIZATION:	
(Date)	(Signature(s) of Account Holder(s))
(Phone Number)	
(Email Address)	(Address)