

1310 Taylor Ave.  
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Toll Free 888.669.6575  
Fax 204.654.1865  
legacy@mbchurches.ca

TFSA Account Number
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Given Name(s) and Initial	Last Name	Social Insurance Number
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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.

**CHANGE OF ADDRESS:**

(Old Address)	(New Address)

**CHANGE OF BENEFICIARY:**

\_\_\_\_\_ (Name of Former Beneficiary)

**New Beneficiary: (select one)**

- my spouse as the Survivor Account Holder: \_\_\_\_\_ (Name) \_\_\_\_\_ (Social Insurance Number)
- or**  as a lump sum to : \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Social Insurance Number)
- or**  as a lump sum to my estate.

If the above-named beneficiary is not living at the time of my death, I designate my estate as the beneficiary under the Account.

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

(Former Name)	(New Name)

**AUTHORIZATION:**

(Date)	(Signature(s) of Account Holder(s))
(Phone Number)	(Address)
(Home Church)	(Address)