

# Withdrawal Request

## SECTION 1: EMPLOYER INFORMATION

\*Required information

Plan Sponsor Name (if applicable)

Open Access Account Number

Plan Type\* NOTE: Restrictions may be specified by your plan sponsor. Please ensure you review your plan booklet.

TFSA  RRSP  Spousal RRSP  Non-registered  Other: \_\_\_\_\_

Surname\*

First Name and Initial\*

Mr.  Mrs.  
 Ms

Address\*

City or Town\*

Province\*

Postal Code\*

Contact Phone Number\*

E-Mail

S.I.N.\*

Birthdate

Y Y Y Y / M M / D D

## SECTION 2: WITHDRAWAL OPTION REQUEST

Option A: Lump Sum Withdrawal Amount \$ \_\_\_\_\_

Net of taxes and/or fees

Option B: Full Amount – My account will remain open (subject to plan requirements – check your plan details)

Option C: Full Amount – My account will be closed

NOTE: Withdrawals may be subject to withholding taxes, fees, market value adjustments and/or contribution penalties. See your plan booklet for more detail.

## SECTION 3: DELIVERY INSTRUCTIONS

Option A: Please send a cheque to my home address as stated in Section 1

Option B: Please deposit the total withdrawal amount directly into my bank account. I have attached a void cheque.

NOTE: Any requests for the reissuance of lost cheques are subject to a 48 hour processing period.

## SECTION 4: ACKNOWLEDGEMENT/AUTHORIZATION

I understand that I have made a selection from the withdrawal options listed and I require no further information on these options. I acknowledge that withdrawals will be administered in accordance with applicable legislation. I acknowledge that I have fully read my plan booklet and that these funds may be subject to withholding taxes, fees, market value adjustments and/or contribution penalties. I hereby certify that the information on this form is correct to the best of my knowledge.

Y Y Y Y / M M / D D

Signature of Account Owner\*

To initiate a withdrawal from your group retirement plan, please complete this form and submit it to [inquiry@openaccessltd.com](mailto:inquiry@openaccessltd.com).