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legacy@mbchurches.ca

Account Number

Given Name(s) and Initial	Last Name	Social Insurance Number
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CONTRIBUTOR SPOUSE (if this is a Spousal Plan complete the following):

Given Name(s) and Initial	Last Name	Social Insurance Number
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Please check and complete the applicable section(s)

WITHDRAWAL/TRANSFER REQUEST: (all withdrawals subject to withholding tax)

Please withdraw the following: all proceeds Please send via: cheque by mail to the address given below
 \$ _____ electronic transfer to my bank account

Please transfer the following: all proceeds Transfer to: a RRIF with CCMBC
 \$ _____ a RRSP or RRIF outside CCMBC

Note: 1. For a tax free transfer to another RRSP or RRIF, a transfer form T2033(E) with sections I and II completed and signed is required from the issuer.
 2. For a transfer to a CCMBC RRIF, a RRIF application is required.

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)