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legacy@mbchurches.ca

Account Number
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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)
(Email Address)	(Address)