CCMBC INVESTMENTS
Ministry-Focused Financial Services

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

TAX FREE SAVINGS ACCOUNT
ADMINISTRATIVE FORM

TFSA Account Number

Given Name(s) and Initial	Last Name	Social Insurance Number

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)

_____ _____
(Email Address) (Address)