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**REGISTERED RETIREMENT PLAN
ADMINISTRATIVE FORM**

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)

(Email Address)

(Address)