

TFSA SAVINGS ACCOUNT WITHDRAWAL REQUEST FORM

ACCOUNT NUMBER:
ACCOUNT HOLDER NAME:
ACCOUNT HOLDER S.I.N.#:
DATE REQUESTED:
REQUESTED AMOUNT:
ALL CHEQUES WILL BE ISSUED IN THE NAME OF THE ACCOUNT HOLDERS AND FORWARDED AS INDICATED BELOW: FORWARD FUNDS DIRECTLY TO CLIENT
FORWARD FONDS DIRECTLY TO CLIENT
FORWARD FUNDS DIRECTLY TO AGENT
AGENT'S NUMBER:
AGENT'S ADDRESS:
PURCHASE TFSA GIC (TFSA Application must be attached)
ACCOUNT HOLDER'S SIGNATURE DATE

1001_0516

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Toll Free: 800-213-4282