

TFSA SAVINGS ACCOUNT REQUEST TO CLOSE FORM

ACCOUNT NUMBER:	
ACCOUNT HOLDER NAME:	
ACCOUNT HOLDER ADDRESS	
ACCOUNT HOLDER S.I.N.#:	
DATE REQUESTED:	

ENTIRE BALANCE PLUS ACCRUED INTEREST WILL BE REMITTED

THE CHEQUE WILL BE ISSUED IN THE NAME OF THE ACCOUNT HOLDERS AND FORWARDED AS INDICATED BELOW:

FORWARD FUNDS DIRECTLY TO CLIENT

FORWARD FUNDS DIRECTLY TO AGENT

AGENT'S NUMBER:

AGENT'S ADDRESS:

BY SIGNING THIS FORM, YOU HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT, AND THAT YOU HAVE DIRECTED *VersaBank* to close your account, and forward the funds as per your instructions stated above.

ACCOUNT HOLDER'S SIGNATURE (Must be signed by client) DATE