



SUNRISE SAVINGS ACCOUNT REQUEST TO CLOSE FORM

ACCOUNT NUMBER: _____

ACCOUNT HOLDER NAME: _____

ACCOUNT HOLDER ADDRESS: _____

ACCOUNT HOLDER S.I.N.#: _____

DATE REQUESTED: _____

BALANCE TO BE WITHDRAWN: _____

ALL CHEQUES 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