iA Financial Group

REQUEST FOR WITHDRAWAL/TERMINATION FORM

GROUP SAVINGS AND RETIREMENT

522 University Ave, Suite 400
Toronto, ON M5G 1Y7
Fax: 1-866-395-5553

PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3
Fax: 1-800-786-6065

We carry out most transactions by phone! For faster service, call 1-800-567-5670.

Contract no. _____ Division no. _____ Policyholder _____

Member's first name _____ Member's last name _____

Social Insurance Number _____ Phone _____

Member address _____
No. Street Apartment

_____ _____
City Province Postal code

TERMINATION/RETIREMENT

☐ Termination of employment/retirement, effective date: Y M D _____

If retired, spouse's date of birth Y M D _____

☐ Close account, effective date: Y M D _____

The last contribution will be remitted to Industrial Alliance Insurance and Financial Services Inc. (the "Company")

on Y M D _____

(All requests will be processed after receipt of the last contribution.)

WITHDRAWAL/TRANSFER

To transfer amounts to the Industrial Alliance Opportunity plan and to continue to enjoy the benefits of a group plan or to obtain information about the options offered, call 1-800-567-5670 (press 2 and then 1 once you've entered the requested information).

Transfer to an individual savings product at the Company

Contract no. to which the amounts are transferred:

_____

☐ Partial amount

Amount withdrawn: $_____ or _____%

or

☐ Total amount

Cash withdrawal

Payment method
☐ Cheque
☐ Direct deposit
(Attach a void cheque)

☐ Partial amount

Amount withdrawn: $_____ or _____%

☐ Before tax (gross) or
☐ After tax (net)

or

☐ Total amount

Home Buyer's Plan: Attach a completed T1036.

Transfer to another financial institution

☐ Partial amount

Amount withdrawn: $_____ or _____%

or

☐ Total amount

- For an RRSP, attach a completed T2033.
- For an RPP or DPSP, attach a completed T2151.
- For a TFSA, provide the name and address of the financial institution and the account number.

Signature of irrevocable beneficiary, if applicable _____ Date of birth Y M D _____

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Signature of irrevocable beneficiary, if applicable _____ Date of birth Y M D _____

Member's signature _____ Phone _____ Date Y M D _____

Policyholder's signature _____ Title _____ Date Y M D _____
(if applicable)

iA Financial Group is a business name and trademark of
Industrial Alliance Insurance and Financial Services Inc.