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Request for Cash Withdrawal

Beneva Investment Accounts, Beneva GIAs and Beneva Equity Index GIAs

Contract No: _____

1. Contractholder's Personal Information

Last name _____ First name _____

2. Plan details (Check one box only)

- ☐ NRSP (Non registered)
- ☐ TFSA
- ☐ RRSP OR ☐ Spousal RRSP
- ☐ RRIF OR ☐ Spousal RRIF
- ☐ LIF

3. Withdrawal from an investment account (investment information and one choice only)

Investment name	Code	Fixed amount in $	Total	Percentage %	10% penalty-free	Total mature units	Total free units
		☐ Gross ☐ Net	☐		☐	☐	☐
		☐ Gross ☐ Net	☐		☐	☐	☐
		☐ Gross ☐ Net	☐		☐	☐	☐
		☐ Gross ☐ Net	☐		☐	☐	☐
		☐ Gross ☐ Net	☐		☐	☐	☐
		☐ Gross ☐ Net	☐		☐	☐	☐
		☐ Gross ☐ Net	☐		☐	☐	☐
		☐ Gross ☐ Net	☐		☐	☐	☐
		☐ Gross ☐ Net	☐		☐	☐	☐
		☐ Gross ☐ Net	☐		☐	☐	☐

4. Withdrawal from all other types of accounts

Investment code	Fixed amount in $	Total	GIA at maturity	GIA before maturity (redeemable only)
	☐ Gross ☐ Net	☐	☐ Y Y Y Y M M D D	☐
	☐ Gross ☐ Net	☐	☐ Y Y Y Y M M D D	☐
	☐ Gross ☐ Net	☐	☐ Y Y Y Y M M D D	☐
	☐ Gross ☐ Net	☐	☐ Y Y Y Y M M D D	☐
	☐ Gross ☐ Net	☐	☐ Y Y Y Y M M D D	☐

Investment name	Fixed amount in $	Total
Daily interest account (DIA)	☐ Gross ☐ Net	☐

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5. Tax deductions

By default, the percentage of tax deducted is the minimum amount set by legislation. Complete if you wish the percentage of tax deducted to be higher:

☐ Provincial tax – Indicate the requested percentage: _____ %

☐ Federal tax – Indicate the desired percentage: _____ %

or

☐ Home Buyers' Plan (HBP) (please attach form T-1036)

☐ Lifelong Learning Plan (LLP) (please attach form RC96)

6. Deposit method and bank accountholder authorization

☐ By direct deposit in an account number already on file. Specify financial institution if more than one account on file: _____

☐ By cheque

☐ In an account other than the one on file – **send a personal cheque, or complete the banking information if the cheque specimen is not personalized.**

Last name, first name of bank accountholder

Last name, first name of joint bank accountholder (if applicable)

Branch number

Institution number

Account number

Authorization

The signature of the bank accountholder[1] and the joint bank accountholder are required, where applicable.

- I authorize Beneva Inc. (Beneva) to deposit the fixed or variable amount based on the options selected in Sections 3 and/or 4.
- I authorize Beneva Inc. (Beneva) to change the amount to be deposited in my account at my request.
- I authorize Beneva Inc. (Beneva) to withdraw from my bank account all benefits that may have been paid by mistake or to which I am not entitled under the contract or under the associated laws and regulations in effect.
- I authorize the financial institution to deposit the previously specified amount into my account.

By signing, I acknowledge having read and accepted the Authorization statements.

X

Bank accountholder's signature[1]

Y Y Y Y M M D D

Date

If there are periodic payments, they will not automatically stop after a full withdrawal. To do so, please request its termination using the *Pre-authorized Transaction Program | IND036 form*. If the payor is different from the contractholder, he must sign the Authorization and Rights to Reimbursement section of IND036.

1. If the bank accountholder is not the contractholder, please fill out form FRA1869.

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7. Declarations and signatures

Contracholder's declaration: I agree to pay any fees and penalties applicable to this request for withdrawal, as required.

Advisor's declaration: If the Beneva limited authorization (BAF) is used, I declare that I obtained prior specific authorization from the contractholder for this instruction form and that I informed the contractholder of any applicable fees and penalties.

X _____ Signature of contractholder

_____ Please print name

Y Y Y Y M M D D Date

X _____ Signature of co-contractholder (where applicable)

_____ Please print name

Y Y Y Y M M D D Date

_____ Advisor's name

Code: Dealer Advisor ou Agency No. Advisor No.

X _____ Signature of advisor

Y Y Y Y M M D D Date

8. Consent of irrevocable beneficiary

I hereby agree to this request for cash withdrawal.

_____ Beneficiary's name

X _____ Signature of irrevocable beneficiary, if applicable

Y Y Y Y M M D D Date

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at www.beneva.ca.