

MUTUAL FUND ORDER ENTRY - REDEMPTION FORM

Dealer 7686

Head Office:

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Phone: Fax:

CLIENT NAME (1): EGH: @EGHB5A 9			CLIENT NAME (2): <u>₹GH</u>						
.N.:D.O.B			S.I.N.: D.O.B						
Plan #					,,				
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D COMPANY NAM Redemption	IE:	Fund Name	INTERMEDIARY ACCT #: Amount Gross SWPAmt. W.O. #						
Account #	Tunu #	(Separate form per Fund Company)	(\$ - % - Unit-Free Unit)		(\$)	VV.Ο. π			
mntion Instruction	ons: Mail cheque	to client Direct Deposit	(void cheque enclosed)	Direct Deposi	t (banking informa	tion on file)			
		ached Start Date:							
tional Doc's: L	I KYC	T2033 T2151	Leverage Risk Disclosure	☐ LTA ☐ Othe	er:				
ECIAL INSTRUC	CTIONS								
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Canada Revenue Agency Agence du revenu du Canada

HOME BUYERS' PLAN (HBP) REQUEST TO WITHDRAW FUNDS FROM AN RRSP

Use this form to make a withdrawal from your registered retirement savings plan (RRSP) under the Home Buyers' Plan (HBP). Answer the questions in Part A of Area 1 to determine if you are eligible to make a withdrawal from your RRSP under the HBP. Although some conditions may apply to another person in certain situations, you (the participant) are responsible for making sure that all the conditions are met. For more information about the HBP, see Guide RC4135, Home Buyers' Plan (HBP). Generally, you must receive all your HBP withdrawals in the same calendar year. The maximum you can withdraw is \$25,000. Complete Area 1 and give the form to your financial institution.

Area 1 – To be completed by the participant

GMII#

Area	1 1 – 10 be completed by the participant								
Part	A – Complete the following questionnaire to determin	e if you can make	a withdrawal fron	n your RRSP und	ler the H	BP.			
1.	Are you a resident of Canada?	4t	Are you withdrawing funds from your RRSP to buy or build a qualifying home for a related person with a disability or to help such a person buy						
	Yes Go to question 2. No You cannot make HBP withdrawal.	an	or build a qualifyin						
			Yes Go to d	question 5. N	lo (Go to question 4c).			
2.	Has the person who is buying or building a qualifying home entered a written agreement to do so?					nuary 1 of the fourth year before the year			
	Yes Go to question 3a). No You cannot make HBP withdrawal.		your spouse or co	and ending 31 days before the date of the withdrawal, did you or mmon-law partner own a home that you occupied alone or with al while you were spouses or common-law partners?					
3a).	Have you ever, before this year, withdrawn funds from your RRSF the HBP to buy or build a qualifying home?	o under		e not considered rst-time home					
	Yes Go to question 3b). No Go to question 4e	n).		וטוווטו	lo 🔲 (Go to question 5.			
3b).	Are you making this request in January as part of the participation last year?	ı you began 5.			ling the gu	alifying home intend to occupy it as			
	Yes Go to question 4a). No Go to question 3c		his or her principa it? If you are acqu related person wit	Does the person who is buying or building the qualifying home intend to occupy it as his or her principal place of residence no later than one year after buying or building it? If you are acquiring the home for a related person with a disability or helping a related person with a disability acquire the home, you must intend that the related					
3c).	Was your repayable balance from your previous HBP participation on January 1 of this year?	n zero	· —	to question 6. No You cannot make an HBP withdrawal.					
	Yes Go to question 4a). No You cannot make HBP withdrawal.	an 6.		Has the person who is buying or building the qualifying home or his or her spouse					
4a).	Are you a person with a disability?	· Wildiana.							
	Yes Go to question 5. No Go to question 4b.)).		nnot make an Nithdrawal.		ou are eligible complete Part B below).			
Port	B – Complete this part to make a withdrawal from you	ur DDCD under the	UDD						
—	name and initials	Last name	прг.		80	cial insurance number (SIN)			
1 1151	name and imuais	Last Hairie			30				
Addr	ess of qualifying home being bought or built (include number, s	treet, rural route, or lo	t and concession nun	nber)		ou are a person with lisability, tick this box.			
City		Province or Territory		Postal code Telephone number		lephone number			
If you	answered yes to question 4 b) above, provide the following inform	nation about that pers	on:						
in you another you to question a by above, provide the following information about that person.									
-	Person's name		Relationship to you SIN of person with the disability			SIN of person with the disability			
Part	C - Certification								
Amount of requested withdrawal \$ ALL (AMOUNT IS LESS THAN			\$25,000) Date		al >	Year Month Day			
						1			
I ceri	ify that the information given in Area 1 of this form is, to the best of	ct and complete.	Date Year Month Day						
				Account number of	of the RRS	SP from which the withdrawal is made			
	Participant's signature								
Area	a $2-$ To be completed by the RRSP issuer (Do not	t send this form to	the CRA. Keep it	for your records	s.)				
Issue	er's name	Telephone number	r _	Amount pa (maximum \$25		\$			
Issue	er's address			Date withdrawal p	aid	Year Month Day			

Privacy Act, Personal Information Bank Number CRA PPU 005

