

**Notice of Withdrawal
Deferred Profit Sharing Plan**

General Information

Plan Sponsor _____ Plan Number _____

Member's Name _____ Certificate Number _____

Current Address _____

Final contribution has been remitted: Yes No N/A

Partial Withdrawal Certificate will remain open after withdrawal

Amount of Withdrawal: \$ _____ (before withholding tax) to be made from:

Daily Interest Account \$ _____

<input type="checkbox"/> Guaranteed Deposit Account	Segregated Funds:	Amount:
_____ year \$ _____	_____	\$ _____
_____ year \$ _____	_____	\$ _____
	_____	\$ _____

Cash, withholding tax will be deducted. Cheque will be mailed direct to Member unless indicated otherwise.

Please mail cheque to Plan Sponsor for delivery.

Transfer to an Equitable Life® RRSP or Annuity

Transfer to an RRSP carrier (attach completed transfer form).

Termination of Employment - Certificate will be closed after withdrawal

Date of Termination of Employment: (day) ___/(month) ___/(year) ___

Cash, withholding tax will be deducted. Cheque will be mailed direct to Member unless indicated otherwise.

Please mail cheque to Plan Sponsor for delivery.

Transfer to an Equitable Life® RRSP or Annuity

Transfer to RRSP carrier (attach completed transfer form).

Retirement

Date of Retirement: (day) ___/(month) ___/(year) ___

Date of Birth: (day) ___/(month) ___/(year) ___ (Please include proof of age)

Spouse's Date of Birth: (day) ___/(month) ___/(year) ___ (If applicable) - please include proof of age
 (spouse includes common-law partner.)

Cash Withdrawal (60 days prior to retirement)

Cash, withholding tax will be deducted. Cheque will be mailed direct to Member unless indicated otherwise.

Please mail cheque to Plan Sponsor for delivery.

Transfer to an Equitable Life® RRSP or Annuity

Transfer to RRSP carrier (attach completed transfer form).

Equitable Life Annuities are available for your retirement income. Details about these retirement options will be forwarded to the member.

Death

Date of Death: (day) ___/(month) ___/(year) ___ (please include death certificate)

Signatures

Member/Beneficiary Signature _____ Date Signed _____

Plan Sponsor Signature _____ Date Signed _____

Trustee Signature _____ Date Signed _____