GRA/GIA/RRIF WITHDRAWAL REQUEST FORM

Print Reset

POLICY NUMBER	NAME OF ANNUITANT

DETAILS

☐ I/We request that The Wawanesa Life Insurance Company withdraw all of the funds from my above mentioned plan.

OR ALTERNATIVELY:

☐ I/We request that The Wawanesa Life Insurance Company withdraw from the above mentioned plan as specified below: $_____

☐ Daily Interest $_____

☐ Investment Account #_____ $_____
Effective date: _____

☐ Segregated Funds

Canadian Equity Index Fund $_____
US Equity Index Fund $_____
International Equity Index Fund $_____
Canadian Bond Index Fund $_____

☐ I/We request that the funds be paid out as follows:

☐ Cheque forwarded to my address on file

☐ Direct deposit to my bank account (must attach void cheque)

NOTICE CONCERNING PERSONAL INFORMATION

You have previously provided consent, expressed or implied, to Wawanesa Life for collection, use and disclosure of your personal information for the purposes of: establishing and maintaining communications with me; receiving investment contributions, investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.
If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8.

SIGNATURES

A photocopy or an electronic reproduction of this document will be as valid as the original.

Signed at _____ in the province of _____. Date _____

_____
Annuitant (please print)

_____
Annuitant (signature)

_____
Policy Owner, if other than Annuitant (please print)
(If Policy Owner is a company, affix Company Seal and provide signature(s) of authorized signing officer(s))

_____
Policy Owner (signature)

_____
Advisor/Broker (signature)

_____
Witness (signature)

PLEASE RETURN FORM TO:
The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8

Should you have any questions or need assistance, please contact Annuity Services Department:
PHONE: 1-800-263-6785 FAX: 1-888-985-3872 EMAIL: annuities@wawanesa.com

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