

# FORM 20 Request for RRSP or TFSA Withdrawal

Please complete all information requested below, sign and return to:  
AFBS, 1000 Yonge Street, Toronto, Ontario M4W 2K2

AFBS: 1000 Yonge Street  
Toronto, ON M4W 2K2  
PHONE: 416-967-6600 1-800-387-8897  
FAX: 416-967-4744 1-888-804-8929  
E-MAIL: benefits@afbs.ca

AFBS WEST: 320 -1155 Pender Street West  
Vancouver, BC V6E 2P4  
PHONE: 604-801-6550 1-866-801-6550  
FAX: 604-801-6580  
E-MAIL: afbswest@afbs.ca



## SECTION 1 – Member Information (please print)

[Reset Form](#)

I hereby provide authorization to Actra Fraternal Benefit Society to withdraw funds from my RRSP or TFSA account for the next available withdrawal distribution date. Please refer to request deadline and distribution dates and additional information on-line: [www.afbs.ca](http://www.afbs.ca).

Member Name (Last, First, Middle Initial)		Date of Birth	SIN No.
Your Account Number 4501	ACTRA/WGC Number	Telephone Number	
Street Address	City	Province	Postal Code

Please ensure your current address is on file at AFBS. This information is required for verification and identification purposes.

## SECTION 2 – RRSP or TFSA Withdrawal Request

**IMPORTANT - For income tax purposes:**  Canadian Resident  Non-Resident (Note: Citizenship does not necessarily determine residence.)

RRSP withdrawal in the amount of \$ \_\_\_\_\_  Gross  Net  100%  
(Gross is the amount prior to fee and tax deductions. Net is the amount of the cheque after fee and tax deductions. See Section 5 for tax details.)

Withdrawal of excess or unused RRSP contributions in the amount of \$ \_\_\_\_\_  
(For proper tax reporting, please verify this amount with your financial advisor.)

For ongoing over-contributions, please refer to [afbs.ca](http://afbs.ca) for contribution limit information.

TFSA withdrawal in the amount of \$ \_\_\_\_\_ (There are no tax deductions on TFSA withdrawals. See Section 5 for administration fee details.)

## SECTION 3 – Mail or Pick Up Cheque

Do you wish to pick up cheque at:  Toronto Office  Vancouver Office  
If this section is not completed, your cheque will be mailed to the address provided.

## SECTION 4 – Address for Mailing the Cheque (if different than above)

Street Address	City	Province	Postal Code
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## SECTION 5 – Authorization for Withdrawal

I acknowledge deduction of the administration fee (10% of the withdrawal amount to a maximum of \$100) on both RRSP and TFSA withdrawals, and the following withholding tax as required by the Canada Revenue Agency on RRSP withdrawals only.

Residents of Québec:	\$0 to \$5,000	5% Federal	16% Québec
	\$5,000 to \$15,000	10% Federal	16% Québec
	over \$15,000	15% Federal	16% Québec
Residents of all other Provinces:	\$0 to \$5,000	10% Federal	
	\$5,000 to \$15,000	20% Federal	
	over \$15,000	30% Federal	
Non-Residents:	Any Amount	25% Federal	

Member's Signature (Required)	Date
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Underwritten by:

**Actra Fraternal Benefit Society:** 1000 Yonge Street, Toronto, Ontario M4W 2K2  
Telephone: (416) 967-6600 / Toll Free: 1-800-387-8897 Fax: (416) 967-4744 / Toll Free Fax: 1-888-804-8929  
E-mail: [benefits@afbs.ca](mailto:benefits@afbs.ca) Website: [www.afbs.ca](http://www.afbs.ca)

