



**CANADIAN CONFERENCE**  
of Mennonite Brethren Churches

Stewardship Ministries

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**TAX FREE SAVINGS ACCOUNT  
ADMINISTRATIVE FORM**

TFSA Account Number

|                           |           |                         |
|---------------------------|-----------|-------------------------|
| Given Name(s) and Initial | Last Name | Social Insurance Number |
|---------------------------|-----------|-------------------------|

Please check  and complete the applicable section(s)

**CONTRIBUTOR INFORMATION:**

Attached is my cheque in the amount of \$\_\_\_\_\_.

**NOTE: Cheque should be made payable to the Canadian Conference of MB Churches.**

**CHANGE OF ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

(Old Address)

\_\_\_\_\_

\_\_\_\_\_

(New Address)

**CHANGE OF BENEFICIARY:**

\_\_\_\_\_

(Name of Former Beneficiary)

**New Beneficiary: (select one)**

my spouse as the Survivor Account Holder: \_\_\_\_\_

(Name) (Social Insurance Number)

**or**  as a lump sum to : \_\_\_\_\_

(Name) (Relationship) (Social Insurance Number)

**or**  as a lump sum to my estate.

If the above named Beneficiary is not living at the time of my death, I designate my estate as beneficiary under the Account.

**CHANGE OF NAME:**

\_\_\_\_\_

(Former Name)

\_\_\_\_\_

(New Name)

**WITHDRAWAL REQUEST: CHECK ONE OF THE FOLLOWING:**

Please withdraw  all the proceeds, or  \$\_\_\_\_\_ from my account and mail the cheque to me at the address given below.

Please withdraw  all the proceeds, or  \$\_\_\_\_\_ from my account and forward the amount by electronic transfer to my bank account. A void cheque is attached.

**AUTHORIZATION:**

\_\_\_\_\_

Date

\_\_\_\_\_

Account Holder's Signature

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Address