



One focus, many solutions.

Systematic Withdrawal Plan (SWP) Set-up Form

Name: _____

Joint Name (if applicable): _____

Email: _____

Account Number: _____

Please Check (✓)

RRIF

LIF

Non-Registered

New Systematic Withdrawal

Change to existing Systematic Withdrawal

Frequency and Withdrawal Amount

Start Date

(Payments from a RRIF and LIF must be the 15th, 20th or 25th of the month)

Minimum Annual Payment (RRIF and LIF)

(Check frequency box only. No amount required.)

Other Payment (Non-Registered)

(Check frequency box and provide amount.)

Monthly: \$ _____

Quarterly: \$ _____

Semi-Annually: \$ _____

Annually: \$ _____

Instructions need to be received 5 business days before the start date of a new SWP, or before making changes to an existing SWP.

Redemption Instructions

Fund Code	Fund Name	Percentage (%)	Amount (\$)
Totals:			

VOID CHEQUE REQUIRED FOR ELECTRONIC FUNDS TRANSFER (EFT) UNLESS ONE IS ALREADY ON FILE.

Authorization

Account Holder's Signature

Name (Please Print)

Date

Joint Account Holder's Signature
(if applicable)

Name (Please Print)

Date

Compliance Approval

For a joint bank account, provide all signatures required on cheques issued against the bank account. If not an existing member of Educators Financial Group, please ensure a completed application form is provided.

