



**ST. STANISLAUS - ST. CASIMIR'S
POLISH PARISHES
CREDIT UNION LIMITED**

**SELF ADMINISTERED - RETIREMENT INCOME FUND PLAN
CONTRACT TERMINATION / TRANSFER REQUEST**

CONTRACT NUMBER

TRANSACTION DATE

ACCOUNT NUMBER

APPLICANT'S NAME (SURNAME FIRST AND AT LEAST ONE GIVEN NAME)

SOCIAL INSURANCE NUMBER

SPOUSAL PLAN YES NO

AMOUNT

TOTAL FUNDS AS PER TRIAL BALANCE

INTEREST TO DATE

CHARGES

TOTAL FUNDS AVAILABLE

WITHHOLDING TAX _____ %

NON-RESIDENT TAX _____ %

AMOUNT DISBURSED

OPTION 1 PLEASE TERMINATE MY CURRENT RIF CONTRACT AND PAY ME THE PROCEEDS

AMOUNT

TOTAL WITHDRAWAL

TOTAL WITHDRAWAL DUE TO ANNULMENT

OPTION 2 PLEASE TRANSFER MY CURRENT RIF CONTRACT AS INDICATED BELOW

AMOUNT

TO ANOTHER TRUSTEE

NEW CONTRACT NUMBER

TO ANOTHER PLAN (INTERNAL)

TO A RETIREMENT OPTION

OPTION 3 REFUND OF OVER CONTRIBUTION

REFUND TO APPLICANT

AMOUNT

REFUND TO APPLICANT'S SPOUSE

PROCEEDS TO: _____

CREDIT UNION AUTHORIZATION

DATE

APPLICANT'S SIGNATURE