



# Systematic Withdrawal Plan (SWP) Set-up Form

Name: \_\_\_\_\_

Please Check (✓)

Joint Name (if applicable): \_\_\_\_\_

RRIF

Email: \_\_\_\_\_

LIF

Account Number: \_\_\_\_\_

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 15<sup>th</sup>, 20<sup>th</sup> or 25<sup>th</sup> 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

EFT  Cheque

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

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

## SWP Reinvestment Instructions

Account # \_\_\_\_\_

Fund Code	Fund Name	Amount (\$/%)
Total:		

## 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.

