



Pre-Authorized Contribution Plan (PAC) Systematic Withdrawal Plan (SWP) Cancellation Form

Name: _____

Joint Name (if applicable): _____

Email: _____

Account Number: _____

Please Check (✓)

RRSP

Non-Registered

RESP

TFSA

PAC

I/We request to cancel the existing Pre-Authorized Contribution Plan (PAC) currently set-up against my/our bank account effective:

Immediately After Specified Date

I/We request to suspend the existing PAC until the specified date

Please note that the cancellation notice must be received in our office 5 business days prior to the PAC date in order for it to be stopped. If received after that period the PAC will be stopped as of the following PAC date.

SWP

I/We request to cancel the existing Systematic Withdrawal Plan (SWP) currently withdrawn from my account effective:

Immediately After Specified Date

Please note that the cancellation notice must be received in our office 5 business days prior to the SWP date in order for it to be stopped. If received after that period the SWP will be stopped as of the following SWP date.

Authorization

Account Holder's Signature

Name (Please Print)

Date

Joint Account Holder's Signature
(if applicable)

Name (Please Print)

Date

Compliance Approval

Where your account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purpose of this cancellation form.

