

DATE:_____

RE: DEFERRED SAVINGS WITHDRAWAL

I, _____ (PLEASE PRINT) would like to make a withdrawal from my Deferred Savings Plan as follows:

PLEASE CHOOSE ONLY ONE OF THE FOLLOWING REGULAR OPTIONS

50% of the balance in my plan	OR
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\$_____ (Specific amount)

EMERGENCY WITHDRAWAL

Maximum amount available once per year

ALL DEFERRED SAVINGS ACCOUNTS MUST MAINTAIN A BALANCE OF \$100.00

I would like my withdrawal: (choose one option)

	Held at Community Savings: 2248 Commercial Drive, for PICK UP (recommended)
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Wire Transfer (Attach Void Cheque or account details given by Financial Institution)
*Credit Union Central fees apply.

Deposit to my Community Saving	gs Account #	
Chequing		Savings
Mailed to my home address*:		

*At your request, we are mailing an official cheque to the address you specified. Community Savings has recommended secure alternative forms of funds transfer that you have declined. Please be advised that if the official cheque is lost or stolen, Community Savings Credit Union is not required and under no obligation to reissue

SIGNED: S.I.N.:	S.I.N.:
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FOR IUOE LOCAL 963 USE ONLY

Via Email

Attention: Kristi Bounegru Community Savings Credit Union

This application for a withdrawal from my Deferred Savings Plan in the amount noted is approved.

Tim De Vivo, Business Manager