ICICI Bank

For Office Use	Account No: _____ CIF No: _____

RSP WITHDRAWAL FORM

- Return your form(s) in person to an ICICI Bank Canada branch or by mail to: ICICI Bank Canada, P.O. Box 396, Don Mills, ON M3C 2S7
- For questions, please call 1-888-424-2422.

**** Mandatory field***

PLEASE TELL US ABOUT YOURSELF

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr.

First Name* | Middle Name | Last Name* | Date of Birth * *(dd-mm-yyyy)*

Mother's Maiden Name * (For your protection, we require this information for future verification) | Social Insurance Number *

Home Address * *(Current)* | City * | Province * Select... | Postal Code *

Home Phone Number * | Business Phone Number * Ext.: | Cell Phone Number | Fax Number

E-mail Address *

WITHDRAWAL INFORMATION (Please select one)

Please note: A separate withdrawal form is required for each RSP account from which you wish to withdraw. Also, if you hold multiple RSP GICs, please use a separate form for each GIC from which you wish to make a withdrawal.

☐ Individual RSP ☐ Spousal RSP ☐ RSP Savings ☐ RSP GIC Account Number*: ☐☐☐☐☐☐☐☐☐

I wish to withdraw for the following reason *:

☐ Regular Withdrawal ☐ Lifelong Learning Plan *(attach completed form RC96)* ☐ Home Buyer's Plan *(attach completed form T1036)* ☐ Refund of Excess Contribution *(attach completed form T3012A with part 3 completed by Canada Revenue Agency)*

☐ Other *(specify)*: _____

Withdrawal Amount * *(only applicable to RSP Savings Account)*: ☐ Partial Amount CAD: $_____ **OR** ☐ Full Amount CAD: $_____

Withdrawal Date *: ☐ Immediately ☐ On the maturity date *(only applicable to RSP GIC)*

Withdrawal Proceeds *

☐ A bank draft to be issued and sent to my home address.

☐ Credit to my:
- ☐ ICICI Bank Savings Account Number: ☐☐☐☐☐☐☐☐☐
- **OR**
- ☐ ICICI Bank Chequing Account Number: ☐☐☐☐☐☐☐☐☐

AUTHORIZATION

I acknowledge that:

a) By making this RSP withdrawal, I am responsible for determining the income tax consequences under any applicable tax laws.
b) Income tax will be withheld on amounts withdrawn from an RSP as required by applicable legislation. At the date of printing the form, the rates of withholding tax, for all provinces except Quebec were as follows:

Amount Requested (CAD)	Withholding Tax (%)
Up to $5,000.00	10%
$5,000.01 to $15,000.00	20%
$15,000.01 and up	30%

c) A T4RSP will be issued for the year in which the withdrawal is made.
d) I authorize ICICI Bank Canada to update my profile/records with the information provided on this form. The records are maintained according to the privacy policy mentioned on our website at http://www.icicibank.ca/privacy/default.page

Annuitant's Signature: X _____ **Date** *(dd-mm-yyyy)*: _____

FOR OFFICE USE

Prepared by: *

_____ Maker Employee ID | _____ Maker Employee Name | X_____ Maker Employee Signature | _____ Date *(dd-mm-yyyy)*

(Maker is only applicable for cases submitted through Branch)

Verified by: *

_____ Verifier Employee ID | _____ Verifier Employee Name | X_____ Verifier Employee Signature | _____ Date *(dd-mm-yyyy)*

CLEAR FIELDS | SAVE | PRINT