



<b>For Office Use</b>	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

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <small>◆ Please fill the address where you presently live. This address cannot be a postal installation i.e. PO Box, RR, Site, Comp or GD/General Delivery address.</small>			Date of Birth * (dd-mm-yyyy)	
First Name*		Middle Name		Last Name*
Mother's Maiden Name * (For your protection, we require this information for future verification)			Social Insurance Number *	
Home Address * ◆		City *	Province *	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\*: 
 

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**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: 

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- OR**    ICICI Bank Chequing Account Number: 

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### AUTHORIZATION

**I acknowledge that:**

- By making this RSP withdrawal, I am responsible for determining the income tax consequences under any applicable tax laws.
- Income tax will be withheld on amounts withdrawn from an RSP as required by applicable legislation.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%

- A T4RSP will be issued for the year in which the withdrawal is made.
- 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

<b>Prepared by: *</b>	_____	<b>X</b>	_____	_____
	Maker Employee ID <i>(Maker is only applicable for cases submitted through Branch)</i>	Maker Employee Name	Maker Employee Signature	Date (dd-mm-yyyy)
<b>Verified by: *</b>	_____	<b>X</b>	_____	_____
	Verifier Employee ID	Verifier Employee Name	Verifier Employee Signature	Date (dd-mm-yyyy)