

CHANGE OF CONTRIBUTION WITHDRAWAL RECIPIENT FORM

Knowledge First Financial Inc.

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knowledge**first**
FINANCIAL

I/We understand that we have the right to the return of the deposits made toward each Plan when we make a contribution withdrawal request. I/We also understand that we have the option of naming either the designated student or the Subscribers of each respective Plan as the recipient of the contribution withdrawal payment. At this time I/we wish to appoint the following individual(s) to receive the return of contribution payment(s).

Agreement Number(s)	Name of Payment Recipient(s) (Must be the appointed subscriber/s OR the designated student of each plan)

Mailing Address:

Street:	
Apt.:	City:
Province:	Postal Code:
Telephone Number:	E-Mail Address:

By my/our signature at the bottom of this form, I/we hereby authorize the appointment of the above named, as the person(s) designated to receive the return of contribution payment. I/we also further understand that the return of contribution payment will be issued in the recipient(s) name and will be mailed to the address I/we are herewith providing.

Subscriber's Signature:	Joint Subscriber's Signature:
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Date:
