



BLACKMONT

CAPITAL[®]

RRSP WITHDRAWAL REQUEST BLACKMONT CAPITAL INC. Attn: RRSP Department

Date: _____

Client Name: _____ Acct No. _____

Address: _____ S.I.N. #: _____
Street

Spousal: Yes No

Spouse's Name: _____

Spouse's S.I.N. #: _____

City _____
City

Province _____ Postal Code _____
Province Postal Code

FULL DEREGISTRATION: Please deregister my RRSP.

PARTIAL DEREGISTRATION: Please deregister \$ _____ from my RRSP.

Please forward assets to: above address or Blackmont Acct. No. _____

Special Instructions: _____

X _____
CLIENT SIGNATURE

FOR OFFICE USE ONLY

SHARES	SECURE DESCRIPTION	SECURITY CODE		PRICE/SHARE	VALUE

Cash Balance _____ Sub-Total _____

Interest _____ Less ___ % tax _____

Value of Securities _____ Total Cheque to Client _____

(Less Fees) _____ Date Closed _____

Total Withdrawal _____ Closed by _____