

High Interest Savings Account (HISA) Withdrawal Instruction

Please email this form to mif@fnfa.ca

Participant information

Date: _____

Name of Participant: _____

FNFA HISA Account Information:

HISA Account Number: _____

Amount to be withdrawn: _____

Amount in words: _____ Canadian dollars

and _____ cents.

Printed name of 1st Authorized individual

Printed name of 2nd Authorized individual (if applicable)

Signature of 1st Authorized individual

Signature of 2nd Authorized individual (if applicable)

Note: Processing transactions may take up to 2 business days. FNFA may choose to verify transaction details with the Participant by calling authorized individuals over the telephone using the contact information provided in the HISA Documentation. In the case such verification fails, FNFA will not process the transaction.