



## High Interest Savings Account Withdrawal Instructions

Please email this form to SARM at [accounting@sarm.ca](mailto:accounting@sarm.ca)

### Participant Information:

Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

### SARM HISA Account Information:

HISA Account Number: \_\_\_\_\_

Amount to be Withdrawn: \$ \_\_\_\_\_ . \_\_\_\_\_

Amount in Words: \_\_\_\_\_

\_\_\_\_\_ Canadian dollars and \_\_\_\_\_ cents.

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Second Signature (if required)

**Note:** Processing of transactions may take up to 2 business days. SARM 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 case such verification fails, SARM will not process the transaction.