



High Interest Savings Account Withdrawal Instructions

Please email this form to SARM at sarmhisa@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Amount to be Withdrawn: \$ _____ .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.

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.