



**MF Global Canada Co.**  
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**WITHDRAWAL REQUEST FORM**

To withdraw funds or close an account, 1) Print this form, (2) Provide all the necessary information in print below, (3) Sign, print name and date. Please submit via mail or via fax to the address and number noted above. The request will be processed within 2 business days of receipt. Requests to transfer funds to third parties will not be processed. Please complete carefully in order to avoid errors or delays in processing. MF Global is not responsible for errors made by the account holder.

Date (mm/dd/yy) \_\_\_\_\_ Withdrawal Amount \_\_\_\_\_  
 Account Holder Name \_\_\_\_\_ Account # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**Method of Withdrawal Request:** (please select one)

**Bank Wire** (Bank fee will apply)

Beneficiary Bank		Intermediary Bank (if applicable)**	
Bank Name	_____	Bank Name	_____
ABA # or Swift Code	_____	ABA # or Swift Code	_____
Transit # _____	Bank Account # _____	Bank Account #	_____
*Beneficiary Name	_____	Bank Address	_____
Bank Address	_____	City	_____
City	_____	State	_____
State	_____	Country	_____
Country	_____		

\* MF Global Canada Co. trading account holder only.  
**MF Global Canada Co. may not make payment to a third party.**

\*\* International wires transfers MUST have a U.S. Correspondent bank for withdrawal to be processed.

**Cheque via Canada Post**

**Transfer to Another MF Global Canada Co. Account**

Account Type: \_\_\_\_\_ Broker Code: \_\_\_\_\_ Account # \_\_\_\_\_

Check here to close your account. Comments, if any: \_\_\_\_\_

Withdrawals are made in the denomination of the account. You must maintain a minimum balance of \$100 in a 100K account and \$50 in a Mini/Micro account in order to maintain live account status. Withdrawals resulting in a balance less than the minimum requirement will result in the full balance being sent out and the account closed.

<b>Primary Account Holder Signature:</b>	<b>Joint Account Holder Signature:</b>
<b>Print Client Name:</b>	<b>Print Client Name:</b>
<b>Date:</b>	<b>Date:</b>

For Office Use Only		
Date:	Account #:	Account Admin:
Amount Deducted:	Amount Sent:	