



Request for Withdrawal of Internal Review

Last name First name Date of birth day mo. year

Address (number, street, apartment number or Rural Route)

City, Town Postal Code

Telephone ()

What is your worker's name?

What is your worker's caseload number?

I wish to withdraw my request for an internal review of the decision to:

- deny my application for income support
cancel my income support
reduce my income support
deny my request for an additional benefit or to provide an amount that I disagree with
set up an overpayment on my case file
suspend my income support
other; explain

This decision was explained in a letter dated day mo. year

I understand that by withdrawing my request for an internal review, I no longer have the right to appeal this decision to the Social Benefits Tribunal.

Signature Date