

Withdrawal form

Please print clearly in the blank boxes.

Send your completed form to:
Manulife Financial
Attn: GSRS Client Services, KC-6
 PO BOX 396 STN WATERLOO
 WATERLOO, ON N2J 4A9

Use this form for cash withdrawals, transfer of funds to an individual or group plan with Manulife Financial or transfer of funds to another financial institution. To terminate membership in the plan, use form GP0765. If you belong to more than one plan, complete a separate form for each plan.

Your personal information

| | | | | | |
|---|--|------------|---------------------|-------------------|----------------|
| Plan Sponsor/Employer | | | Group Policy number | | |
| Member number | | | Customer number | | |
| Last name | | First name | | Middle initial | |
| Mailing address (number, street and apartment number) | | | | Telephone number* | |
| City | | Province | Country | Postal Code | Email address* |

*These fields are optional.

Note: Tax may be deducted and/or a market value adjustment, and/or a service charge applied if applicable. Not all withdrawal types may be available under your plan. See your Plan Administrator for details.

Your withdrawal type

- Transfer to an individual or group plan with Manulife Financial
- Transfer to another financial institution
- Cash withdrawal

Your withdrawal amount

- Full withdrawal of all funds
 Are future contributions going to continue?
 Yes No
 (If No, member status will be changed to inactive)
- Partial withdrawal amount
 Must equal total amount shown in fields below.

| |
|---------------------|
| Gross dollar amount |
| \$ |

Include Group IncomePlus investments in the withdrawal request: Yes No

If you do not make a selection, no money will be withdrawn from Group IncomePlus.

If you selected 'Yes' and withdraw funds from Group IncomePlus, your withdrawal will reduce your Guaranteed Benefit Base and the Guaranteed Annual Income Amount it will provide. If the amount of the withdrawal is more than your Guaranteed Benefit Base, a Minimum Ninety (90) Day Freeze period will begin. You will not be able to make any Occasional Contributions to Group IncomePlus until this period concludes. Before you withdraw from Group IncomePlus, learn more at www.manulifegroupincomeplus.ca

Optional: You can choose which investments you want to withdraw from.

| | | | |
|-----------------|------------------------------|-----------------|------------------------------|
| Investment code | Amount to be withdrawn \$ | Investment code | Amount to be withdrawn \$ |
| Investment code | Amount to be withdrawn \$ | Investment code | Amount to be withdrawn \$ |

Please ensure any appropriate transfer forms are attached.

Your transfer information

What type of plan are the funds being transferred to?

- | | | | |
|--------------------------------------|---------------|--|---------------|
| <input type="checkbox"/> RRSP / LIRA | Policy Number | <input type="checkbox"/> Pension Plan | Policy Number |
| <input type="checkbox"/> Annuity | Policy Number | <input type="checkbox"/> RRIF / LIF / LRIF | Policy Number |
| | | <input type="checkbox"/> Non-Registered | Policy Number |


| | | |
|---|----------|-------------|
| Name of new financial institution | | |
| Mailing address (number, street and suite number) | | |
| City | Province | Postal Code |

Your payment method

FOR CASH WITHDRAWALS ONLY

Direct deposit is available only to Canadian currency bank accounts.

1 Direct Deposit

| | | |
|---|--------------------|----------------|
| Bank Name | | |
|  | | |
| Transit Number | Institution Number | Account Number |

2 Cheque

Specify where cheque should be mailed:

- Plan Administrator
- Member's address (shown above)
- Other (specify) _____
- _____
- _____
- _____

Please sign here

I understand that I have made a selection from the withdrawal options listed and I require no further information on these options. Where locked-in funds are being transferred, I agree that they will be administered in accordance with applicable legislation.

By withdrawing my funds in cash (where available), I acknowledge that these funds may be subject to income tax withholding, fees or market value adjustment. I hereby certify that the information on this form is correct to the best of my knowledge.

If I am withdrawing Group IncomePlus investments, I understand that this transaction will affect my Group IncomePlus benefits.

| | |
|---|---------------------------|
| Your signature | Date signed (dd/mmm/yyyy) |
| Irrevocable beneficiary's signature (if required) | Date signed (dd/mmm/yyyy) |
| Plan Administrator's signature (if required) | Date signed (dd/mmm/yyyy) |