

Transfer Authorization for Registered Investments (RRSP, TFSA, LIRA, LRSP, RPP)

Please print clearly in the blank boxes.

Do not use this form for transfers due to death or marriage breakdown.

- Complete all sections below and forward to the institution that will transfer your funds to Manulife.
- Completing this transfer will NOT result in the reporting of income or issue of a tax receipt as your savings remain in registered funds.
 Tax will only be withheld on transfers from an RRSP to a TFSA.

This form is also available online at www.manulife.ca/GRO

☐ Partial amount (specify accounts and amounts below).

	Your personal information									
ields marked with an asterisk are ptional.	Last name			First	name			Middle Initial		
	Mailing address (number, street & apartment number)			City		Province	Postal Code			
	SIN*	Telephone number*	Ext.*		Email address (if applicable)*					
	Your directi	on to the institution tra	nsfe	rring	your saving	S				
	Relinguishing inst	titution name								

Relinquishing institution name FROM: Address City Province Postal Code Account/policy number OR Group plan number Member certificate number

Account/policy number

OR

Group plan number

Member ce

Transfer cash value of (check one box only)

Full amount

OR

ΑII Symbol and/or certificate number or policy number Investment amount Delay delivery until (dd/mmm/yyyy) Amount Investment description ΑII Investment amount Symbol and/or certificate number or policy number Delay delivery until (dd/mmm/yyyy) Amount Investment description All Symbol and/or certificate number or policy number Delay delivery until (dd/mmm/yyyy) Investment amount П Amount Investment description П Αll Symbol and/or certificate number or policy number Delay delivery until (dd/mmm/yyyy) Investment amount Amount Investment description Αll Symbol and/or certificate number or policy number Delay delivery until (dd/mmm/yyyy) Investment amount Amount Investment description Αll Symbol and/or certificate number or policy number Delay delivery until (dd/mmm/yyyy) Investment amount Amount Investment description

Your direction to Manulife (the receiving institution)

	Receiving institution Manulife, GRS Client Services, P.O. Box 396 Waterloo, ON N2J 4A9										
	Group policy number		lember number			mer number					
	Investment instruction for this transfer. Check here if you want your transfer to be deposited as per your current investment instruction with Manulife.										
	OR										
	Provide investment instructions	s below (f	fund codes, names,	and d	letails appear online a	at www.ma	nulife.ca/GRO).				
If your plan offers Group IncomePlus	Fund code	Fund na	me			\$	OR %				
note this option is intended to provide you with guaranteed retirement income. Before you select Group IncomePlus, review The Bold Print for more information.											
If you transfer funds to your existing Group IncomePlus, please remember that a contribution exceeding 20% of your Guaranteed Benefit Base will reset your Minimum Five (5) Year											
Holding Period whether you make one large contribution or a series of smaller transfers and contributions											
over a 365 day period.							%				
							Must equal 100%				
	I hereby request the transfer of my account and its investments as described above. I have requested a transfer of the cash value of my investments. I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges, or adjustments. If I have selected Group IncomePlus, I acknowledge that I have read and understood The Bold Print and by signing below, I agree to the terms, conditions and fees applicable to that option Signature of Account Holder Date (dd/mmm/yyyy)										
	Irrevocable Beneficiary: I consent to the transfer of the account.										
	Signature of Irrevocable Beneficiary (if applicable)					Date (dd/mmm/yyyy)					
	For use by transferring institution only Account type: RRSP TFSA LIRA LIRA RPP										
	Spousal Plan? No Yes - if "Yes," Contributor's information:										
	Last name	Firs	First name		Initial	S.I.N					
	Locked-In funds ☐ Yes, confirmation attached ☐ No ☐ Governing legislation										
	Contact name	Title	2	-	Telephone number		Fax number				
	Authorized signature					Date (dd/mmm/yyyy)					