

Transfer Authorization for Registered Investments (RSP, 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 Sections below and forward to the institution that will transfer your funds to Manulife.
- Completing this transfer will NOT result in reporting of income or issuance of a tax receipt as your savings remain in registered funds.

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

Your personal information

Last name		First name		Middle Initial
Mailing address (number, street & apartment number)			City	Province
			Postal Code	
S.I.N.	Telephone number*	Ext. *	Email address (if applicable)*	

*These fields are optional

Your direction to relinquishing institution

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

Transfer:
(check one box only)

* Please refer to statement in bold in Client authorization section below

- All in cash* Partial* - as listed below or on attached list

<input type="checkbox"/> All Dollars	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
<input type="checkbox"/>	Investment description		
<input type="checkbox"/> All Dollars	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
<input type="checkbox"/>	Investment description		
<input type="checkbox"/> All Dollars	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
<input type="checkbox"/>	Investment description		

Manulife (The institution receiving your funds)

If your plan offers Group IncomePlus 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.

Receiving institution	Manulife Financial, Group Retirement Solutions, KC6 PO BOX 396 STN WATERLOO, WATERLOO ON N2J 4A9		
Group policy number	Member number	Customer number	

Investment instruction for this deposit. Fund code names and details appear online at www.manulife.ca/GRO or in the Group Investment Report.

Fund code	Fund name	\$	%
			100%

Must equal 100%

Your authorization

I hereby request the transfer of my account and its investments as described above.

*** I have requested a transfer in cash, 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)
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Irrevocable Beneficiary: I consent to the transfer of the account.

Signature of irrevocable beneficiary (if applicable)	Date (dd/mmm/yyyy)
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For use by relinquishing institution only

Account type: RSP TFSA LIRA LRSP RPP

Spousal Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes - if "Yes," Contributor's information:			
Last name	First name	Initial	S.I.N

Locked-In funds <input type="checkbox"/> Yes, confirmation attached <input type="checkbox"/> No	Governing legislation
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Contact name	Title	Telephone number	Fax number
Authorized signature			Date (dd/mmm/yyyy)