



Please print clearly in the blank boxes.

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

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

- 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"/> Dollars	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"/> Dollars	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"/> Dollars	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.

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

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.

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)

Irrevocable Beneficiary: I consent to the transfer of the account.

Signature of irrevocable beneficiary (if applicable)

Date (dd/mmm/yyyy)

For use by relinquishing institution only

Account type: RSP TFSA LIRA LRSP RPP

Spousal Plan? No Yes - if "Yes," Contributor's information:

Last name

First name

Initial

S.I.N

Locked-In funds

Yes, confirmation attached No

Governing legislation

Contact name

Title

Telephone number

Fax number

Authorized signature

Date (dd/mmm/yyyy)