

Transfer authorization for registered investments RRSP, LRSP, LIRA, TFSA, RPP

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.

You can find this form online by signing in to your account with your Manulife ID at _manulifeim.ca/retirement. Look for Forms under 'Quick links' or 'Helpful information' on your homepage.



Don't have a Manulife ID yet?

Sign up now to access your account anytime on our secure website. Go to _manulifeim.ca/retirement_, click `Sign in' and follow the instructions to set up your Manulife ID.

Print clearly in the blank boxes. Remember to sign and date the form. Need help? Contact Customer Service at 1-888-727-7766.

1. Your personal information

| Last name | | First name | | | Middle initial |
|-----------------------------------------------------|--|------------|-------------------------------|----------|----------------|
| Mailing address (number, street & apartment number) | | City | | Province | Postal code |
| SIN Telephone number | | Ext | Email address (if applicable) | | |

2. Your direction to the Institution transferring your savings

| Relinquishing institution name | | | | | | | |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------|-------------------------------------|-------------------|------------|-------------------------|
| FROM: | | | | | | | |
| Ac | dress | | | City | Provinc | e | Postal Code |
| | | | | | | | |
| Account/policy number OI | | | OR | Group plan number | Group plan number | | |
| Tra | insfer cash | n value of (check one box | only) | | | | |
| | Full cash | amount | | | | | |
| | OR | | | | | | |
| | Partial cash amount (specify accounts and amounts below). | | | | | | |
| | All Investment amount Symbol and/or ce | | | r certificate number or policy numb | er De | elay deliv | ery until (dd/mmm/yyyy) |
| | Amount | Amount Investment description | | | | | |
| | All | Investment amount | Symbol and/or certificate number or policy number Delay delivery until (dd/mr | | | | ery until (dd/mmm/yyyy) |
| | Amount | Investment description | | | | | |
| All Investment amount Symbol and/or certificate number or policy number Delay delivery unt | | | | ery until (dd/mmm/yyyy) | | | |
| | Amount | nt Investment description | | | | | |

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

3. Your direction to Manulife (the receiving institution)

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*—a separate document that you'll find on the secure site under the 'Plan for Retirement' section **or** at manulife.ca/groupincomeplus.

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, Group Retirement | , P.O. Box 396 Waterloo, ON N2J 4A9 | | | |
|--------------------------------------------------|------------------------------------------------|------------------------------------|----------|------------|
| Group policy number | Member number | Customer number 10 | - | |
| Account type: RSP | LRSP LIRA TFSA | RPP | | |
| Investment instruction for th | is transfer. | | | |
| Check here if you want you | ur transfer to be deposited as per your curren | t investment instruction with Manu | ulife. | |
| OR | | | | |
| Provide investment instruc | tion below (fund codes, names, and details a | ppear online at manulifeim.ca/reti | rement). | |
| Fund code Fund | l name | Dollar amount | | Percentage |
| | | \$ | OR | % |
| | | \$ | OR | % |
| | | \$ | OR | % |
| | | \$ | OR | % |
| | | \$ | OR | % |
| | | \$ | OR | % |
| | | Must equal 1 | 00% | |
| 4. For use by transfe | rring institution only | | | |
| Account type: RSP | LIRA TESA | RPP DPSP | | |
| Spousal Plan? 🔲 No | Yes – if "Yes", Contributor's information | ו: | | |
| Last name | First name | Initial SI | N | |

| Last name | First | name | | Initial | SIN |
|--------------------------------------------|-------|-----------|------------------|------------|-----------|
| Locked-In funds Ves, confirmation attached | | Governing | legislation | - | |
| Contact name | Title | | Telephone number | F | ax number |
| Authorized signature | | | | Date (dd/m | mm/yyyy) |

5. Please read and sign here



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.

I have selected Group IncomePlus, I acknowledge that I have read and understood *The Bold Print* (a separate document that you'll find on the secure site under the 'Plan for Retirement' section **or** at _manulife.ca/groupincomeplus) 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) |
| | |

Personal information

We collect, use, and disclose your personal information for the purpose of processing your request. We disclose your personal information to authorized employees, agents, representatives, financial institutions and other parties with whom we deal with in issuing and administering your product(s) and services, now and in the future. Also, we disclose your personal information to service providers who require this information to perform their services for us (for example data processing, programming, data storage, and printing). Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions. You may withdraw your consent subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For further information you can review our Privacy Policy or email us at Canada_Privacy@manulife.ca

Send us your documents online



It's faster and safer than email or regular mail.

From your Manulife Mobile app, sign in with your Manulife ID (choose Group Retirement). From the top left menu, select your name to get to your profile, then select **Send documents.**

or

From your desktop or tablet, sign into your account at manulifeim.ca/retirement using your Manulife ID. Look for **Send documents** on your homepage under 'Quick links' **or** 'Helpful information'.

If you need to mail the form, send it to one of the addresses below.

| Outside of Quebec: | Quebec: |
|----------------------|----------------------------|
| Manulife | Manulife |
| Group Retirement | Group Retirement |
| P.O. Box 396 | 2000 Mansfield, Suite 1410 |
| Waterloo, ON N2J 4A9 | Montréal, QC H3A 3A2 |
| Fax: 1-866-945-5110 | Fax: 1-866-945-5109 |