# Manulife

## **Termination request**

#### If termination is due to death - complete only "Notice of death" form number GP0770E.

- Please submit this form along with the last contribution for the terminating member.
- If employee is a member of more than one plan, complete a separate form for each plan.

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.

#### Please 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

Member number*	Group policy numb	Group policy number*		Customer number*	
Last name	First name		Middle initial	Middle initial	
Mailing address (number, stre	et and apartment number)				
City	Province	Country		Postal code	
Telephone number	Ext.	Email addres	S		

\*See online account or statement for details.

## 2. Your reason for termination

What is the reason for termination?

Termination of employment	
Early retirement	
Normal retirement	
Termination of employment due to disability	
When was the last date of employment?	Date (dd/mmm/yyyy)
Indicate the last month for which this member contributed:	Date (mmm/yyyy)
Do not send this form until the final contribution is submitted	

## 3. Your option request

If you have assets invested in Group IncomePlus, please note to preserve your Guaranteed Benefit Base and your guaranteed retirement income with your Group IncomePlus investments, you must select option 1 or 2. Selecting option 3,4 or 5 voids all Group IncomePlus income guarantees. For more information, please 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.

NOTE: A withdrawal may have tax deducted and/or a market value adjustment, and/or a service charge applied, if applicable. See your Plan Administrator for details.

1. Transfer to Manulife Group Personal Plans RSP or Savings Account, complete page 3.

2. Transfer to Manulife Group Retirement Income Plan (Complete separate application form GP4931)

3. Cash (not available if funds are locked-in)

4. Transfer to an individual plan with Manulife\*

5. Transfer to another financial institution\*

#### \*If you select option 4 or 5, please complete Transfer information section below.

## 4. Your transfer information

If applicable, ensure appropriate transfer forms are attached.

What type of plan are the funds being transferred to?

<ul> <li>RRSP/LIRA</li> <li>Annuity</li> <li>TFSA</li> </ul>	Policy Number: Policy Number: Policy Number:		Pension Plan RRIF/LIF/LRIF/PRIF Non-Registered	Policy Number: Policy Number: Policy Number:	
If the funds are t	peing transferred outside Man ution details:	ulife.			
Name of finance	cial institution				
Mailing addres	s (number, street and suite n	umber)			
City		Province		Postal Code	
Mhara abauld th	a chaqua(a) ha mailad?				

Where should the cheque(s) be mailed?

Address of new financial institution

## Member's address as shown above

#### Please read and sign here 5.



I understand that I have made a selection from the termination 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 (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.

Other:

Plan administrator

I acknowledge the selection of option 3, 4 or 5 above will result in voiding all Group IncomePlus income guarantees. If I have Group IncomePlus assets and have selected option 1 or 2 above. 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.

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)

## 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'.

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

Outside 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
The Manufacturers Life Insurance Compa	ny Retain a copy for your files.



## Transfer authorization to

Manulife Group Personal Registered or Non-Registered Savings Plan

#### Complete only if you have selected this option on the reverse.

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.



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#### Please 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 authorization

If my current assets are registered, I request that Manulife Financial enrol me as a member in the Plan and register me in a Retirement Savings Plan under the Income Tax Act (Canada) and (for Quebec registration only) a Retirement Savings Plan under and for the purpose of applicable regulations in respect of the Taxation Act (Quebec).

#### I understand that an investment direction will be established as per my current plan, unless otherwise specified.

If applicable, I hereby request that Manulife accept the transfer of my locked-in pension funds into the Plan in accordance with the supplementary Locked-in Retirement Account agreement or locking-in addendum. With respect to such funds, I understand that terms of the Locked-in Retirement Account agreement or locking-in addendum will override the terms of the Group Retirement Savings Plan contract, where applicable.

## 2. Your beneficiary designation

If you do not name a beneficiary, proceeds will be paid to your estate.

For **Registered Pension Plans and Locked in Products**, your spouse is automatically entitled to the death benefit and is first in line ahead of any other beneficiary you designate unless they choose to waive their entitlement.

A revocable beneficiary can be changed at anytime.

An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You may also need your beneficiary's consent to withdraw or transfer money from your account. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

Beneficiary designations are considered revocable unless you write "irrevocable" in the chart(s) below. If a beneficiary predeceases you, any benefit payable will be shared equally among the surviving designated beneficiaries.

#### For Quebec only:

The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here: 🖵 Revocable

In the event of an annulment or dissolution of civil union or divorce or nullity of marriage, the designation is automatically revoked. The designation of any other person is revocable unless otherwise stipulated.

A **primary beneficiary** is the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.

A **contingent beneficiary** is the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you.

#### List all primary beneficiaries.

Name (Last, first, and middle initial)	Relationship	Date of birth (dd/mmm/yyyy)	Percentage of proceeds
			%
			%
			%

The total must equal 100%

#### List all contingent beneficiaries.

Name (Last, first, and middle initial)	Relationship	Date of birth (dd/mmm/yyyy)	Percentage of proceeds
			%
			%
			%
		The total must equal 100%	

If you choose to name more than three Primary and/or Contingent Beneficiary(ies), please indicate that a separate page with your additional designations is attached, signed and dated here:

#### Trustee for a minor beneficiary named above (not applicable in Quebec)

If you die when your beneficiary is still a minor, the Trustee you name on this form will receive and manage the money you leave to the beneficiary in Trust until the minor reaches the age of majority for your specified province. **In Quebec,** the proceeds will be paid in trust to the minor child's tutor. Parents are considered tutors of their child.

Trustee name	Relationship

#### Generally, a person holding power of attorney cannot designate or change a beneficiary on behalf of a Member.

### 3. Please read and sign here

I confirm that I have read the Manulife Personal Plans brochure and understand and agree to the terms that will apply to this plan/account. I hereby certify that the information on this form is correct to the best of my knowledge.

I understand that the effect of my designating a beneficiary irrevocably is that, under the provisions of the respective Insurance Act(s), while the beneficiary is living, I may not alter or revoke the designation without the consent of the beneficiary and I may not assign, exercise rights under or in respect of, surrender or otherwise deal with the contract without the consent of the beneficiary.

If 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.

An electronic or digital signature cannot be used if you have designated a beneficiary(s).

Your signature	Date signed (dd/mmm/yyyy)
Plan Administrator's signature (if required)	Date signed (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.

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or

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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

The Manufacturers Life Insurance Company