

Please print clearly in the blank boxes. Remember to sign and date the form.

- Note: Complete the sections below and forward to the relinquishing institution.
 - · If required, retain a photocopy for your files.
 - The completion of this transfer will NOT result in reporting of income or issuance of an official tax receipt.

Transfer Authorization for Registered Investments (RRIF, LIF, LRIF, PRIF, RLIF)

Complete this form to transfer assets to Manulife's Group Retirement Income Plan.

This form is also available at www.manulife.ca/GRO in the 'Manage your plan' section.



Send us stuff online

Send us your completed form by signing in to your online account at Manulife.ca/GRO. Look for Send documents in your homepage under the 'My Account' tab.

Not signed up yet?

Access your savings anytime, using our secure website. Go to Manulife.ca/GRO and click 'Sign in' to get started.

General information

Account/Policyholder last name		First name	Middle initial		
Address		City	Province	Postal (Code
SIN	Home telephone number		Business telephone number		
Email (if applicable)	·				

Client direction to relinquishing institution

Relinquishing FROM:	institution name					
Address			City	Provin	ce	Postal Code
Client account/policy number OR		OR	Group plan number		Member certificate number	
□ All □ Partial* - as listed below or on attached list						
All	Investment amount	Symbol and/or certificate number or policy number Delay delivery until (dd/mm			very until (dd/mmm/yyyy)	
Dollars	Investment description					
All	Investment amount	Symbol and/or certificate number or policy number Delay delivery until (dd/mmr			very until (dd/mmm/yyyy)	
Dollars	Investment description					
All	Investment amount	Symbol and/or certificate number or policy number Delay delivery until (dd/mmm/			very until (dd/mmm/yyyy)	
Dollars	Investment description					

Transfer: (check one box only)

Receiving institution information

	Receiving institution Manulife, Group Retirement Solutions 2000 Mansfield, Suite 1410 MONTRÉAL QC H3A 3A2					
	Customer number	Group plan number		Employee number		
Investment instruction for this deposit.	Fund/Investment name		Fund number		% Amount	
Note: Assets cannot be transferred to Group IncomePlus.						

Client authorization

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

* I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.

Signature of Account Holder	Date signed (dd/mmm/yyyy)				
Irrevocable Beneficiary: I consent to the transfer of the account.					
Signature of Irrevocable Beneficiary (if applicable)	Date signed (dd/mmm/yyyy)				
If you are transferring assets from a Registered Pension Plan or a Locked-in RRSP/Locked-in Retirement Account, the consent of your spouse is required. For British Columbia, Alberta, Manitoba or Saskatewan funds, a copy of the spousal waiver can be obtained by going to the forms and downloads section of our plan member website at www.manulife.ca/gro .					
Signature of Spouse	Date signed (dd/mmm/yyyy)				

For use by relinquishing institution only

Locked-In: No Yes - Locked-In confirmation attached

Registered type: 🗌 RRSP 🔲 LIRA	LRSP I	RRIF 🗆 LRIF 🗆 LIF 🗆	PRIF 🗌 F	RPP 🗆 RLIF	
Spousal Plan? 🗌 No 📋 Yes (if "Yes," complete information below)					
Last name		First name	Initial	SIN	
Locked-In funds Governing legislation					
Contact name		Telephone number	Fax nun	Fax number	
Authorized signature Date signed (dd/mmm			ed (dd/mmm/yyyy)		



Got something to send to us?

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You'll need your unique customer number and social insurance number to join. You can find your unique customer number on your welcome letter or a recent statement.