



## Transfer Authorization for Registered Investments (RRSP, 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 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.

This form is also available online at [www.manulife.ca/GRO](http://www.manulife.ca/GRO)

### Your personal information

\*Fields marked with an asterisk are optional.

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

### Your direction to the institution transferring your savings

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

#### Transfer cash value of (check one box only)

☐ Full amount    ☐ Partial amount (specify accounts and amounts below).

All <input type="checkbox"/> Amount <input type="checkbox"/>	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
	Investment description		
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## Your direction to Manulife (the receiving institution)

Receiving institution <b>Manulife Financial, GRS Client Services, P.O. Box 396 Waterloo, ON N2J 4A9</b>		
Group policy number	Member number	Customer number

### Investment instruction for this transfer.

☐ Check here if you want your transfer to be deposited as per your current investment instruction with Manulife.

OR

Provide investment instructions below (fund codes, names, and details appear online at [www.manulife.ca/GRO](http://www.manulife.ca/GRO)).

*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.*

Fund code	Fund name	\$	OR	%
				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 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.**

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 transferring institution only

Account type: ☐ RRSP ☐ 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)