

APPLICATION TO MAKE A WITHDRAWAL OR TRANSFER FROM A MANITOBA LOCKED IN RETIREMENT ACCOUNT (LIRA) OR LIFE INCOME FUND (LIF) AT OR AFTER AGE 65

Please complete the required fields below to initiate the transfer or withdrawal process based upon full unlocking at or after age 65.

Please be aware that this form will begin the process and that additional steps may be required to complete the unlocking.



First name

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.

Middle initial

Not signed up yet?

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

Last name

Your persona	I information
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Date of birth (dd/mm/yyyy)	Custome	r number/IVR nun	Policy number/		RS number				
Mailing address (number, street an	d apt. numbe	r)							
City		Province	Country		Postal code				
Home telephone number	number Personal			email address					
Spouse/common-law i	nformat	ion							
l,		Name of							
		Name of	member						
hereby declare that I:									
Do not have a spouse or comm	on-law partne	er as defined in th	e The Pension	Benefits Act (Manitoba).					
Do have a spouse or common-l	aw partner as	defined in the TI	he Pension Bei	nefits Act (Manitoba).					
If you do have a spouse or comm	non-law par	tner, please pro	vide the follo	owing information:					
Spouse first name			Spouse last name						
Spouse mailing address – if differe	nt than meml	per (number, stree	et and apt. nur	mber)					
ity Province		Province	Country		Postal code				
Personal email address					'				

"spouse" is defined under *The Pension Benefits Act* (Manitoba) as a person who is married to the member. The definition of spouse includes a common-law partner. A common-law partner of a member is (a) a person who, with the member, registered a common-law relationship under section 13.1 of *The VItal Statistics Act*, or b) a person who not being married to the member, cohabited with him or her in a conjugal relationship (i) for a period of not less than 3 years, if either or them is married; or (ii) for a period of not less than one year if neither or them is married.

Within 30 days of receipt of this application, Manulife must provide:

- to the member and their spouse or common law partner, if applicable, a statement that sets out the balance of the policy/account and
- the spouse or common-law partner with copy of Form 8 Consent to Withdrawal or Transfer at or After Age 65 of Manitoba Locked-In Money, if the member has a spouse or common-law partner whose consent is required.

Note: Manulife is not permitted by the *The Pension Benefits Act* (Manitoba) to withdraw or transfer for an unlocking unless the spouse or common-law partner, after being given prescribed information (statement of account balance), consents in writing to the withdrawal or transfer, in the prescribed format.

	Withdrawal/Transf	er type							
	☐ Transfer to another plan with Manulife ☐ Transfer to another financial institution ☐ Cash withdrawal								
	Tax may be deducted and/or a	a markat valua adjustman	t and/oraco	nica charga annli	nd if applicable				
	If your balance includes Group	Income Plus (GIP) invest	ments, a cash	withdrawal or tra					
	void your Guaranteed Benefit	•			antaad Annual	In come Amount our			
	If you transfer to another Plan at Manulife your Guaranteed Benefit Base and your Guaranteed Annual Income Amount are maintained only if GIP is an available investment under the receiving Plan. For more information, please log in to the Plan Member secure site at www.manulife.ca/GRO and review The Bold Print brochure.								
	Transfer information	on							
	What type of plan are the funds being transferred to? RRSP RRIF				Policy number				
	Name of new financial institu	tion							
	Mailing address (number, str	eet and suite number)							
	City				Province	Postal code			
	Oity				Trovince	1 ostal code			
	Payment method								
FOR CASH WITHDRAWALS ONLY	1. Direct deposit								
Direct deposit is available only to	For direct deposits, please pro	ovide a void cheque.							
Canadian currency bank accounts.	_								
	2. Cheque								
	Specify where cheque should be mailed:								
	Member's address (shown above)								
	Other (specify)								
	Mailing address (number, street and suite number)								
	City				Province	Postal code			
	City				1 TOVINGE	1 ostal osac			
	Member declaration								
	I,								
	Name (print)								
		Policy number/RS number	er						
	am the member-owner of	Toney named name							
	I declare that, on the date I signed this certification:								
	1) all the information contained in this application form and the accompanying documents are accurate and complete;								
	2) the money I am applying to transfer or withdraw from my LIRA or LIF is governed by <i>The Pension Benefits Act</i> and <i>Pension Benefits Regulation</i> of Manitoba, referred to as Manitoba locked in money;3) I am at least 65 years of age.								
	Further, I understand and agree that:								
	any money withdrawn from my LIRA or LIF will no longer be exempt under <i>The Pension Benefits Act</i> (Manitoba) from								
	execution, seizure, or attachment by persons such as creditors;								
	• it is a criminal offence for anyone to knowingly make a false declaration and/or make or use a false document.								
	Signature of member-owner				Date (dd/	/mm/yyyy)			