

# **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.

Member number*	Group policy number*		Customer number*	
Last name	First name		Middle initial	- <u>-</u>
Mailing address (number, street a	nd apartment number)			
City	Province	Country		Postal code
Telephone number	Ext.	Email address	;	
ee online account or statement	for details.			
Your reason for termination?	nation			
Termination of employment				
Early retirement				
	e to disability			
Early retirement  Normal retirement  Termination of employment due		Date (dd/mmm/yyyy)		
Early retirement  Normal retirement	ment?	Date (dd/mmm/yyyy)  Date (mmm/yyyyy)		
Early retirement  Normal retirement  Termination of employment due When was the last date of employr	ment?			

Plan Administrator for details.

느	I 1. Transfer to Manulife Group Personal Plans RSP or Savings Account, complete page 3. □	
u	2. Transfer to Manulife Group Retirement Income Plan (Complete separate application form 0	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				
What type of plan are the funds being transferr	red to?			
RRSP/LIRA Policy Number:		Pension Plan	Policy Number:	
Annuity Policy Number:		RRIF/LIF/LRIF/PRIF	Policy Number:	
Annuity Policy Number:  TFSA Policy Number:		Non-Registered	Policy Number:	
If the funds are being transferred outside Manu Financial institution details:	ulife.			
Name of financial institution				
Mailing address (number, street and suite nu	mber)			
City	Province		Postal Code	
Where should the cheque(s) be mailed?	I			
Address of new financial institution		Plan administrator		
Member's address as shown above		Other:		
5. Please read and sign here				
I understand that I have made a select options. Where locked-in funds are be legislation. By withdrawing my funds of the second	eing transferred, I a (where available), I	agree that they will be acknowledge that the	and I require no further information on these administered in accordance with applicable ese funds may be subject to income tax tion on this form is correct to the best of my	
I acknowledge the selection of option 3, 4 or 5 IncomePlus assets and have selected option 1 document that you'll find on the secure site und below, I agree to the terms, conditions, and fee	or 2 above, I ackn der the 'Plan for Re	owledge that I have retirement' section <b>or</b> a	ead and understood <i>The Bold Print</i> (a separ	ate
Your signature		Date sig	ned (dd/mmm/yyyy)	
Irrevocable beneficiary's signature (if required)		Date sig	ned (dd/mmm/yyyy)	
Plan Administrator's signature (if required)		Date sig	ned (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 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



## Transfer authorization to

## Manulife Group Personal Registered or Non-Registered Savings Plan

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

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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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