

# 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 at [www.manulife.ca/GRO](http://www.manulife.ca/GRO) in the 'Manage your plan' section.

### Not signed up yet?

Access your savings anytime, using our secure website. Go to [Manulife.ca/GRO](http://Manulife.ca/GRO) and click 'Sign in' to get started.

## 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

**OR**

Partial amount (specify accounts and amounts below).

|   |                        |   |                                   |
|---|------------------------|---|-----------------------------------|
| All<br><input type="checkbox"/><br>Amount<br><input type="checkbox"/> | Investment amount      | Symbol and/or certificate number or policy number | Delay delivery until (dd/mm/yyyy) |
|   | Investment description |   |                                   |
| All<br><input type="checkbox"/><br>Amount<br><input type="checkbox"/> | Investment amount      | Symbol and/or certificate number or policy number | Delay delivery until (dd/mm/yyyy) |
|   | Investment description |   |                                   |
| All<br><input type="checkbox"/><br>Amount<br><input type="checkbox"/> | Investment amount      | Symbol and/or certificate number or policy number | Delay delivery until (dd/mm/yyyy) |
|   | Investment description |   |                                   |
| All<br><input type="checkbox"/><br>Amount<br><input type="checkbox"/> | Investment amount      | Symbol and/or certificate number or policy number | Delay delivery until (dd/mm/yyyy) |
|   | Investment description |   |                                   |
| All<br><input type="checkbox"/><br>Amount<br><input type="checkbox"/> | Investment amount      | Symbol and/or certificate number or policy number | Delay delivery until (dd/mm/yyyy) |
|   | Investment description |   |                                   |

## Your direction to Manulife (the receiving institution)

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

Account type:  RSP  TFSA  LIRA  LRSP  RPP

### 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/mm/yyyy) |
|-----------------------------|-------------------|

Irrevocable Beneficiary: I consent to the transfer of the account.

|  |                   |
|--|-------------------|
| Signature of Irrevocable Beneficiary (if applicable) | Date (dd/mm/yyyy) |
|--|-------------------|

## 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<br><input type="checkbox"/> No <input type="checkbox"/> Yes, confirmation attached | Governing legislation |
|--|-----------------------|

|                      |       |                  |                   |
|----------------------|-------|------------------|-------------------|
| Contact name         | Title | Telephone number | Fax number        |
| Authorized signature |       |                  | Date (dd/mm/yyyy) |



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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.