

# Interfund Transfer for Existing Assets

Complete form GP0815E if you wish to change investment direction for deposits and withdrawals. Changes take effect on the later of the date Manulife Financial head office receives this form or the specified date.

Please print clearly in the blank boxes.

Send your completed form to: Manulife Financial Attn: GRS Client Services PO Box 396

Waterloo, ON N2J 4A9 Fax Number: (519) 747-6895

## Your plan information

Policy number	Plan number	Policyholder	
Plan group	Customer number		Reference number Manulife Financial use only

Please enter the investment code numbers for all investments. Investments transferred from Guaranteed Interest Accounts (GIA's) before maturity may be subject to a market value adjustment.

Transfers will be invested in the daily interest account if the investment directions do not total 100%.

Please refer to the Corporate Investment Report for investment codes.

## **Transfer between investments**

Option A: From one investment to many When do you want to transfer?

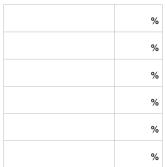
☐Immediately

☐ At maturity (GIA's only)

Other mmm/dd/yyyy

### From: Investment code

% OR \$



Must equal 100%

# Option B: From many investment to one

When do you want to transfer?

☐ Immediately

At maturity (GIA's only)

Other mmm/dd/yyyy

## From: Investment code

% OR \$

To: Investment code

100%

Investments transferred from Guaranteed Interest Accounts (GIA's) before maturity may be subject to a market value adjustment.

Please refer to the Corporate Investment Report for investment codes.

# Transfer a specific GIA

#### When do you want to transfer? Which investment do you want to transfer from? □Immediately Investment code ☐ At maturity (GIA's only) mmm/dd/yyyy Other Maturity amount \$ mmm/dd/yyyy Maturity date Which investment do you want to transfer to? From: Investment code % % OR \$ % % %

Must equal 100%

# Please sign here

Authorized signature		Date signed (mmm/dd/yyyy)
Name and title	Specified company if not Policyholder	
Authorized signature		Date signed (mmm/dd/yyyy)
Name and title	Specified company if not Policyholder	