



Investment Direction

Complete form GP0814E if you wish to transfer existing assets between investments.

Send your completed form to:
Manulife Financial
Attn: GRS Client Services
 PO Box 396
 Waterloo, ON N2J 4A9
 Fax Number: (519) 747-6895

Please print clearly in the blank boxes.

Plan information

Group policy number	Plan number	Policyholder
Plan group	Customer number	Reference number Manulife Financial use only

Effective date

Changes take effect on the later of the date Manulife Financial head office receives this form or the effective date, if specified.

Effective date (dd/mmm/yyyy)

Deposit investment direction

Deposits: Please indicate the percentage for each investment code.

Deposits will be invested in the daily interest account if the allocation does not 100%.

Please refer to the Corporate Investment Report for investment codes.

Investment code	Allocation	Investment code	Allocation
	%		%
	%		%
	%		%
	%		%
Total (must add up to 100%)			100%

Withdrawal/charges investment direction information

Withdrawals will be processed according to the % indicated in table A (if provided), or according to the withdrawal order specified in table B.

Please refer to the Corporate Investment Report for investment codes.

Charges will be processed according to the % indicated in table C (if provided), or according to the withdrawal order specified in table B.

A) Withdrawals

Please indicate the percentage for each investment code.

Investment code	Allocation
	%
	%
	%
	%
	%
	%
Total (must add up to 100%)	100%

B) Withdrawal order*

Please list the investment codes according to withdrawal order.

Investment code
1
2
3
4
5
6

C) Charges

Please indicate the percentage for each investment code.

Investment code	Allocation
	%
	%
	%
	%
	%
	%
Total (must add up to 100%)	100%

* If the withdrawal or charges direction given do not total 100% or a withdrawal order is not provided, withdrawals will be processed according to a sequence determined by Manulife Financial.

Your additional information

Your signature(s)

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