



Authorization of Payment of Funds for Member or Beneficiary (for NRSP)

Send your completed form to:
Manulife
Attn: GRS Client Services
 PO Box 396
 Waterloo, ON N2J 4A9
 Fax Number: 1-866-945-5110

Please print clearly in the blank boxes.

Plan information

Group policy number	Policyholder		
Plan number	Plan group	Customer number	

Member information

Name of member (last, first and middle initial)			Member number
Mailing address (number, street and apt. number)			
City	Province	Postal code	S.I.N.

Beneficiary information (if applicable)

A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.

Name of beneficiary (last, first and middle initial)			Relationship to member
Address			Beneficiary birthdate (dd/mmm/yyyy)
City	Province	Postal code	S.I.N.

Payment information

Termination of employment Retirement
 Death Other

Available to member or beneficiary

Transfer to Manulife **Non-registered** Savings Account Transfer to another financial institution
 Transfer to an Individual Plan with Manulife Financial Cash

Payment amount

Indicate payment amount → \$

Please note: Your withdrawal default fund direction will apply unless otherwise indicated below.

Please refer to the Corporate Investment Report for investment codes.

Withdrawal fees will be deducted from the same fund direction as the withdrawal.

Investment code		Amount to be withdrawn	\$	OR	%
Investment code		Amount to be withdrawn	\$	OR	%
Investment code		Amount to be withdrawn	\$	OR	%
Investment code		Amount to be withdrawn	\$	OR	%

Other special withdrawal instructions

Transfer information

What policy number(s) are the funds being transferred to:

Policy number	Amount \$

What is the name and address of the financial institution?

Company name		
Mailing address (number, street and apt. number)		
City	Province	Postal code

Mailing instructions

Where should the payment be mailed?

- Address of new financial institution Plan Administrator Member's address as shown
 Other _____

Signature(s)

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