

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 head office receives this form or the specified date.

Send your completed form to:

Manulife

Attn: GRS Client Services

PO Box 396

Waterloo, ON N2J 4A9

Email: gsrso@manulife.ca

Please print clearly in the blank boxes.

Your plan information

Group policy number	Plan sponsor name	
Plan group	Reference number	Manulife use only

Transfer between investments /rebalancing

Please enter the investment code numbers for all investments.

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

Please refer to the Corporate Investment Report for investment codes.

When do you want to transfer?

☐ Immediately

☐ At maturity (GIAs only)

☐ Other

mmm/dd/yyyy

From: Investment code

	% OR \$
	% OR \$
	% OR \$
	% OR \$
	% OR \$
	% OR \$
	% OR \$
	% OR \$
	% OR \$
	% OR \$
	% OR \$
	% OR \$
	% OR \$

Total (must add up to 100%)

\$

Total

To: Investment code

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

Total (must add up to 100%)

Investments transferred from Guaranteed Interest Accounts (GIAs) 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?

- ☐ Immediately
- ☐ At maturity (GIA's only)
- ☐ Other

From: Investment code

<input type="text"/>	% OR \$	<input type="text"/>
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Which investment do you want to transfer from?

Investment code	<input type="text"/>
Maturity amount	\$ <input type="text"/>
Maturity date	<input type="text" value="mmm/dd/yyyy"/>

Which investment do you want to transfer to?

<input type="text"/>	%
<input type="text"/>	%
<input type="text"/>	%
<input type="text"/>	%

Total (must add up to 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	