

Investment Direction

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

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

Waterloo, ON N2J 4A9 Email: gsrsiso@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	

Effective date

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

Effective date (mmm/dd/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
	9
	9
	9
	9
	9
	9
Total (must add up to 100%)	100%

Withdrawal/charges investment direction information

Withdrawals/charges*: Please indicate the percentage for each investment code.

Withdrawal/charges will be				
processed according to the %				
indicated in the above Deposit				
Investment Direction section.				

OR

Withdrawal/charges will be processed according to the % indicated in the table.

Please refer to the Corporate Investment Report for investment codes.

Allocation	
%	
%	
%	
%	
%	
%	

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

^{*}If the withdrawal or charges direction given do not total 100% withdrawals will be processed according to a sequence determined by Manulife.

Your signature(s)

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	