

## Notice of Death

### Group Retirement Income

(RRIF / LIF / LRIF / PRIF/ RLIF)

If a member belongs to more than one plan, complete a separate form for each plan.

You can find this form online by signing in to your account with your Manulife ID at [manulifeim.ca/retirement](https://manulifeim.ca/retirement). Look for Forms under 'Quick links' or 'Helpful information' on your homepage.



#### Don't have a Manulife ID yet?

Sign up now to access your account anytime on our secure website. Go to [manulifeim.ca/retirement](https://manulifeim.ca/retirement), click 'Sign in' and follow the instructions to set up your Manulife ID.

**Print clearly in the blank boxes. Remember to sign and date the form.**

Need help? Contact Customer Service at 1-888-727-7766.

## 1. Deceased annuitant's information

Original documents will be returned upon settlement if requested.

Last name of deceased member	First name	Middle initial
Date of death (dd/mm/yyyy)	Date of birth (dd/mm/yyyy)	Policy number
Member number	SIN	

In what capacity are you claiming entitlement to this benefit? ☐ Spouse ☐ Beneficiary ☐ Estate

#### Proof of Death requirements

- ☐ If claim is less than \$100,000, attach Funeral Director's statement or Death Certificate
- ☐ If claim is more than \$100,000, attach Death Certificate

## 2. Death benefit information

Note: The spouse may have priority entitlement to the death benefit, or may have been named as Successor Annuitant, unless the spouse has waived entitlement. (Refer to 'Definition of Spouse' on page 3.)

**Does the deceased have a surviving spouse?** ☐ Yes ☐ No

If Yes, and you are the surviving spouse entitled to the death benefit, please complete the section below.

If No, and you are not the spouse, or if there was no individual who satisfies the definition of spouse at the date of death (see page 3 for 'Definition of Spouse'), then Form GP5000E 'Declaration and Indemnity Agreement' must be completed. Please contact Manulife at 1-888-727-7766 to request a copy of the form.

If you are the beneficiary or the executor/liquidator acting on behalf of the estate entitled to the death benefit, please complete the section below.

Name (last, first and middle initial)		Relationship to deceased member	
Mailing address (number, street and apartment number)		Date of birth (dd/mm/yyyy) (if applicable)	
City	Province	Country	Postal code
Telephone number	Ext.	SIN (if applicable)	
Email address			

### 3. Payment options

Transfer options may also be available for eligible dependants. Contact a Client Service Representative for details.

Contact us for alternative settlement options if you are the Successor Annuitant, or if this contract provides for spousal income under Group IncomePlus.

#### A. Available only to a spouse:

- ☐ Transfer to another plan with Manulife\*
- ☐ Transfer to another financial institution\*
- ☐ Cash (if funds not locked-in)\*
- ☐ You are the Successor Annuitant and you wish to continue to receive payments under this plan

#### B. Available to other beneficiaries:

- ☐ Cash
- Do you wish to receive information about available Manulife products? ☐ Yes ☐ No

**\*If this contract provides for spousal income under Group IncomePlus, this election will terminate the contract and will result in voiding all Group IncomePlus guarantees (available to spouse only).**

### 4. Transfer information

What type of plan are the funds being transferred to?

- ☐ RRSP/LIRA Policy no. \_\_\_\_\_
- ☐ RRIF/LIF/LRIF/PRIF/RLIF Policy no. \_\_\_\_\_
- ☐ Non-Registered Plan Policy no. \_\_\_\_\_
- ☐ Pension Plan Policy no. \_\_\_\_\_
- ☐ Annuity Policy no. \_\_\_\_\_

Name of financial institution or Broker

Mailing address (number, street and suite number)

City

Province

Postal Code

### 5. Signature

I understand that I have made a selection from the payment options listed and I require no further information on these options. Where locked-in funds are being transferred, I agree that they will be administered in accordance with applicable legislation. By withdrawing my funds (where available), I acknowledge that these funds may be subject to income tax withholding, fees or market value adjustment.

I understand that if this contract provides for spousal income under Group IncomePlus and I have elected to terminate the contract, this will result in voiding all Group IncomePlus guarantees (available to spouse only).

I hereby certify that the information on this form is correct to the best of my knowledge.]

Signature

Date signed (dd/mmm/yyyy)

### Personal information

We collect, use, and disclose your personal information for the purpose of processing your request. We disclose your personal information to authorized employees, agents, representatives, financial institutions and other parties with whom we deal with in issuing and administering your product(s) and services, now and in the future. Also, we disclose your personal information to service providers who require this information to perform their services for us (for example data processing, programming, data storage, and printing). Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions. You may withdraw your consent subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For further information you can review our Privacy Policy or email us at [Canada\\_Privacy@manulife.ca](mailto:Canada_Privacy@manulife.ca).

### Send us your documents online

It's faster and safer than email or regular mail.



From your Manulife Mobile app, sign in with your Manulife ID (choose Group Retirement). From the top left menu, select your name to get to your profile, then select **Send documents**.

or

From your desktop or tablet, sign into your account at [manulifeim.ca/retirement](http://manulifeim.ca/retirement) using your Manulife ID. Look for **Send documents** on your homepage under 'Quick links' or 'Helpful information'.

If you need to mail the form, send it to one of the addresses below.

**Outside of Quebec:**

Manulife  
Group Retirement  
P.O. Box 396  
Waterloo, ON N2J 4A9  
Fax: 1-866-945-5110

**Quebec:**

Manulife  
Group Retirement  
2000 Mansfield, Suite 1410  
Montréal, QC H3A 3A2  
Fax: 1-866-945-5109