

Request to Remove Spousal (Contributor) Designation on a RRIF due to Marriage Breakdown

Please print clearly in the blank boxes. Please remember to sign and date the form.



This form is also available at www.manulife.ca/GRO in the 'Manage your plan' section. Send us stuff online

Send us your completed form by signing in to your online account at Manulife.ca/GRO. Look for **Send documents** in your homepage under the 'My Account' tab.

Not signed up yet?

Access your savings anytime, using our secure website. Go to Manulife.ca/GRO and click 'Sign in' to get started.

Section 1

Your request requirements

Last name of member		First name	Middle initial	
Policy number	Member number	Contributor name		
I hereby request Manulife to rem personal RRIF.	ove the name of the contributor or	the aforementioned account, thereby deeming	this RRIF a	

Section 2

Your Canada Revenue Agency requirements

Canada Revenue Agency (CRA) has outlined that removal of spousal/contributor information on a RRIF account may only be done when certain conditions are fulfilled (outlined below). All three of these conditions must be met; if you do not attest to these requirements below, we will be unable to fulfill your request.

Please check off and confirm the following:

- □ I am separated from my spouse/common-law spouse and we are living apart as of the date of this request.
- □ I confirm that my spouse/common-law spouse, former spouse/common-law spouse did not contribute to any of my RRSPs in the calendar year of this request, nor in the two years immediately preceding this request.
- $\hfill\square$ No more than the minimum was withdrawn in the year of this request.

Section 3

Note: If you are including change of name, a witness' signature is required in Section 4.

Your updated account information

Subject to satisfactory evidence outlined in the section above, please complete the following information in order to make any updates to your Manulife RRIF information:

Last name of member			First name			
Mailing address (number, street and apt. number)			Province		Postal code	
Telephone number	Marital status			SIN		

Section 4

Your Authorization and signature

I authorize Manulife to remove the spousal/contributor information on the account noted above, and deem this account a non-spousal RRIF. I have read and understood the CRA requirements outlined and I certify that the information on this form is correct to the best of my knowledge.

Member's signature	Date signed (dd/mmm/yyyy)
Irrevocable beneficiary's signature (if required)	Date signed (dd/mmm/yyyy)
Witness' signature (required on name change)	Date signed (dd/mmm/yyyy)

Section 5



Got something to send to us?

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Section 6 Mailing instructions

Send your completed form to:

Manulife

Group Savings & Retirement Solutions 2000 Mansfield, Suite 1410 MONTRÉAL QC H3A 3A2