



## Transfer Authorization for Registered Investments (RRIF, LIF, LRIF, PRIF, RLIF)

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

- Note:**
- Complete the sections below and forward to the relinquishing institution.
  - If required, retain a photocopy for your files.
  - The completion of this transfer will NOT result in reporting of income or issuance of an official tax receipt.

Complete this form to transfer assets to Manulife's Group Retirement Income Plan

### General information

Account/Policyholder last name		First name		Middle Initial
Address		City	Province	Postal Code
S.I.N.	Home telephone number		Business telephone number	
Email (if applicable)				

### Client direction to relinquishing institution

Relinquishing institution name				
<b>FROM:</b>				
Address		City	Province	Postal Code
Client account/policy number	<b>OR</b>	Group plan number	Member certificate number	

All                      Partial\* - as listed below or on attached list

**Transfer:**  
(check one box only)

All	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mm/yyyy)
	Dollars      Investment description		
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	Dollars      Investment description		

### Receiving institution information

Receiving institution <b>Manulife Financial, Group Retirement Solutions</b> <b>2000 Mansfield, Suite 1410 MONTRÉAL QC H3A 3A2</b>		
Customer number	Group plan number	Employee number

Investment instruction for this deposit

**Note: Assets cannot be transferred to Group IncomePlus**

Fund/Investment name	Fund Number	% Amount

## Client authorization

I hereby request the transfer of my account and its investments as described above.

**\* I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.**

Signature of Account Holder	Date signed (dd/mm/yyyy)
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Irrevocable Beneficiary: I consent to the transfer of the account.

Signature of Irrevocable Beneficiary (if applicable)	Date signed (dd/mm/yyyy)
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If you are transferring assets from a Registered Pension Plan or a Locked-in RRSP/Locked-in Retirement Account, the consent of your spouse is required. For British Columbia, Alberta, Manitoba or Saskatchewan funds, a copy of the spousal waiver can be obtained by going to the forms and downloads section of our plan member website at [www.manulife.ca/gro](http://www.manulife.ca/gro).

Signature of Spouse	Date signed (dd/mm/yyyy)
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## For use by relinquishing institution only

Locked-In:

No Yes - Locked-In  
confirmation  
attached

Registered type:	RRSP	LIRA	LRSP	RRIF	LRIF	LIF	PRIF	RPP	RLIF
Spousal Plan?	No	Yes (if "Yes," complete information below)							
Last name	First name				Initial	S.I.N.			
Locked-In funds	Governing legislation								
Contact name	Telephone number				Fax number				
Authorized signature	Date (dd/mm/yyyy)								