

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

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

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.



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.

General information

Account/Policyholder last name		First name		Middle initial
Address		City	Province	Postal Code
SIN	Home telephone number		Business telephone number	
Email (if applicable)				

Client direction to relinquishing institution

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

All (in cash) Partial* - as listed below or on attached list

Transfer:
(check one box only)

<input type="checkbox"/> All <input type="checkbox"/> Dollars	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
	Investment description		
<input type="checkbox"/> All <input type="checkbox"/> Dollars	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
	Investment description		
<input type="checkbox"/> All <input type="checkbox"/> Dollars	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
	Investment description		

Receiving institution information

Receiving institution Manulife, Group Retirement Solutions 2000 Mansfield, Suite 1410 MONTRÉAL QC H3A 3A2		
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/mmm/yyyy)
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Irrevocable Beneficiary: I consent to the transfer of the account.

Signature of Irrevocable Beneficiary (if applicable)	Date signed (dd/mmm/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.

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

Locked-In:
 No Yes -Locked-In
confirmation
attached

Registered type: <input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RRIF <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> PRIF <input type="checkbox"/> RPP <input type="checkbox"/> RLIF			
Spousal Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes (if "Yes," complete information below)			
Last name	First name	Initial	SIN
Locked-In funds	Governing legislation		
Contact name	Telephone number	Fax number	
Authorized signature			Date signed (dd/mmm/yyyy)



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You'll need your unique customer number and social insurance number to join. You can find your unique customer number on your welcome letter or a recent statement.