

# Transfer authorization for registered investments RRIF, LIF, LRIF, PRIF, RLIF

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

- 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.

You can find this form online by signing in to your account with your Manulife ID at \_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\_, 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. Your personal information

Last name		First name			Middle initial
Mailing address (number, street & apartment number)		City	City Province		Postal code
SIN	Telephone number	Ext.	Email add	ress (if applicable)	

# 2. Your direction to the Institution transferring your savings

Relinquishing	institution name					
FROM:						
Address		City	Provinc	е	Postal Code	
Client account/policy number OR		Group plan number		Membe	er certificate number	
Transfer cash	value of (check one box o	nly)	1		1	
Full cash :	amount					
OR						
Partial cas	sh amount (specify accounts	and amounts b	elow).			
All	Investment amount	Symbol and/or certificate number or policy number Delay delivery until (dd/mmm/y		very until (dd/mmm/yyyy)		
Amount	nt Investment description					
All	Investment amount	vestment amount Symbol and/or certificate number or policy number Delay delivery until (dd/mmm/yy			very until (dd/mmm/yyyy)	
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All	Investment amount	Symbol and/or certificate number or policy number Delay delivery until (dd/mmm/yyy			very until (dd/mmm/yyyy)	
Amount	Investment description					

All	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
Amount	Investment description	,	
All	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
Amount	Investment description	,	,

# 3. Your direction to Manulife (the receiving institution)

Receiving institution			
Manulife, Group Retirement, P.O. Box 396 Waterloo, ON N2J 4A9			
Group policy number	Member number	Customer number <b>10</b>	

#### Investment instruction for this transfer.

Provide investment instruction below (fund codes, names, and details appear online at manulifeim.ca/retirement). Note that assets cannot be transferred to Group IncomePlus.

Fund code	Fund name	Percentage
		%
		%
		%
		%
		%
		%
L	1	The total must equal 100%

# 4. Please read and sign here

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

Signature of Account Holder	Date (dd/mmm/yyyy)		
Irrevocable Beneficiary: I consent to the transfer of the account.	I		
Signature of Irrevocable Beneficiary (if applicable)	Date (dd/mmm/yyyy)		
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 Saskatewan funds, a copy of the spousal waiver can be obtained by going to the forms and downloads section of our plan member website at manulifeim.ca/retirement.			
Signature of Irrevocable Beneficiary (if applicable)	Date (dd/mmm/yyyy)		

5. For use by relinquishing institution only				
Account type: RRSP LIRA		PRIF	RPP 🗖 RLIF	
Spousal Plan? D No D Yes – if "Yes	s", Contributor's information:			
Last name	First name	Initial	SIN	
Locked-In funds No Yes, confirmation attached	·	Governing legisla	ation	
The Manufacturers Life Insurance Company	Retain a copy for your files.		GP4993E (12/2024)	

Contact name	Title	Telephone n	umber	Fax number
Authorized signature			Date (dd/mmm/y	ууу)

### 6. Please read and sign here

**I** 

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

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

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 Saskatewan funds, a copy of the spousal waiver can be obtained by going to the forms and downloads section of our plan member website at manulifeim.ca/retirement.

Signature of Irrevocable Beneficiary (if applicable)	Date (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.

### Send us your documents online

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or

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.** 

From your desktop or tablet, sign into your account at 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:	Quebec:
Manulife	Manulife
Group Retirement	Group Retirement
P.O. Box 396	2000 Mansfield, Suite 1410
Waterloo, ON N2J 4A9	Montréal, QC H3A 3A2
Fax: 1-866-945-5110	Fax: 1-866-945-5109