

Transfer Authorization for Registered Investments (RSP, TFSA, LIRA, LRSP, RPP)

Please print clearly in the blank boxes.

Do not use this form for transfers due to death or marriage breakdown.

- Complete Sections below and forward to the institution that will transfer your funds to Manulife.
- Completing this transfer will NOT result in reporting of income or issuance of a tax receipt as your savings remain in registered funds.

This form is also available online at www.manulife.ca/GRO

Your personal information

| | | | | |
|---|-------------------|------------|--------------------------------|----------------|
| Last name | | First name | | Middle Initial |
| Mailing address (number, street & apartment number) | | | City | Province |
| | | | Postal Code | |
| S.I.N. | Telephone number* | Ext. * | Email address (if applicable)* | |

*These fields are optional

Your direction to relinquishing institution

| | | | |
|--------------------------------|-----------|-------------------|---------------------------|
| Relinquishing institution name | | | |
| FROM: | | | |
| Address | | City | Province |
| | | Postal Code | |
| Account/policy number | OR | Group plan number | Member certificate number |

Transfer:
(check one box only)

* Please refer to statement in bold in Client authorization section below

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

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

Manulife (The institution receiving your funds)

If your plan offers Group IncomePlus note this option is intended to provide you with guaranteed retirement income. Before you select Group IncomePlus, review The Bold Print for more information.

If you transfer funds to your existing Group IncomePlus, please remember that a contribution exceeding 20% of your Guaranteed Benefit Base will reset your Minimum Five (5) Year Holding period whether you make one large contribution or a series of smaller transfers and contributions over a 365 day period.

| | | | |
|-----------------------|---|-----------------|--|
| Receiving institution | Manulife Financial, Group Retirement Solutions, KC6 PO BOX 396 STN WATERLOO, WATERLOO ON N2J 4A9 | | |
| Group policy number | Member number | Customer number | |

Investment instruction for this deposit. Fund code names and details appear online at www.manulife.ca/GRO or in the Group Investment Report.

| Fund code | Fund name | \$ | % |
|-----------|-----------|----|-------------|
| | | | |
| | | | |
| | | | 100% |

Must equal 100%

Your authorization

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

*** I have requested a transfer in cash, I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.**

If I have selected Group IncomePlus, I acknowledge that I have read and understood The Bold Print and by signing below, I agree to the terms, conditions and fees applicable to that option

| | |
|-----------------------------|--------------------|
| 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) |
|--|--------------------|

For use by relinquishing institution only

Account type: RSP TFSA LIRA LRSP RPP

| | | | |
|---|------------|---------|-------|
| Spousal Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes - if "Yes," Contributor's information: | | | |
| Last name | First name | Initial | S.I.N |

| | |
|--|-----------------------|
| Locked-In funds <input type="checkbox"/> Yes, confirmation attached <input type="checkbox"/> No | Governing legislation |
|--|-----------------------|

| | | | |
|----------------------|-------|------------------|--------------------|
| Contact name | Title | Telephone number | Fax number |
| Authorized signature | | | Date (dd/mmm/yyyy) |