



Transfer In Authorization for Registered Investments (RSP, LIRA, LRSP, RRIF, LIF, LRIF, PRIF)

For your future™

Complete this form for: • RSP to RSP transfers (excluding transfers due to death or marriage breakdown)
• RSP to RRIF and RRIF to RRIF transfers

Note: • Complete Sections 1 through 4 and forward to the relinquishing institution.
• The completion of this transfer will NOT result in reporting of income or issuance of an official tax receipt.

1 General information

Account/Policyholder last name		First name		Middle initial
Address		City	Province	Postal code
S.I.N.	Home telephone number		Business telephone number	

2 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

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

Transfer:

(check one box only)

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

3 Receiving institution information

Receiving institution **TO: Manulife Financial, Group Retirement Solutions
2000 MANSFIELD, SUITE 1410, MONTREAL QC H3A 3A2**

Customer number	Group plan number	Member number
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Fund/Investment name	Fund Number	% or \$ Amount

Investment instruction for this deposit

4 Client 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.

Irrevocable Beneficiary: I consent to the transfer of the account.

Signature of Account Holder	Date (dd/mmm/yyyy)	Signature of irrevocable beneficiary (if applicable)	Date (dd/mmm/yyyy)
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If **LIF, LRIF or PRIF** and you have a spouse within the meaning of Applicable Legislation, please attach the applicable waiver form. For **British Columbia, Alberta, Manitoba or Saskatchewan** funds, a copy of the waiver can be obtained by going to the forms and downloads section of our plan member website at www.manulife.ca/gro. For **Ontario, Newfoundland and Labrador or Nova Scotia** funds, spouse must sign here to consent to the transfer.

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

Registered type: RSP LIRA LRSP RRIF LRIF LIF PRIF

Spousal Plan? No Yes (if "Yes," complete information below)

Last name	First name	Initial	S.I.N.
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Locked-In funds Governing legislation

\$

Contact name	Telephone number	Fax number
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Authorized signature	Date (dd/mmm/yyyy)
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Locked-In:

No Yes - Locked-In confirmation attached