

• If member belongs to more than one plan, complete a separate form for each plan.

Forward to: Manulife Financial
Group Retirement Solutions
2000 Mansfield, Suite 1410
MONTRÉAL QC H3A 3A2

General information

Group policy number		Member number		Customer number Manulife Financial use only	
Last name of member			First name		Middle initial
Mailing address (number, street and apt. number)					
City		Province	Postal code	Telephone number	Ext

Transfer type

- Transfer to an individual plan with Manulife Financial
- Transfer to another financial institution

Transfer amount

Full transfer of all funds

Note: The annual minimum amount (before completion of the transfer) will be withdrawn and deposited to the same financial institution as your scheduled payments.

Partial transfer amount Gross dollar amount
Must equal total amount shown in fields below. \$

Optional: You can choose which investments you want to withdraw from.

Investment code	Amount to be withdrawn \$	Investment code	Amount to be withdrawn \$
Investment code	Amount to be withdrawn \$	Investment code	Amount to be withdrawn \$

Transfer information

Please ensure any appropriate transfer forms are attached.

Note: New Brunswick Locked-in Funds Transfer Form 3.2 must be completed and received prior to transfer. This form is available online at: www.gnb.ca.

What type of plan are the funds being transferred to?

<input type="radio"/> RRIF / LIF / LRIF / PRIF	Policy Number	<input type="radio"/> RRSP	Policy Number
<input type="radio"/> Annuity	Policy Number	<input type="radio"/> Pension Plan	Policy Number

Name of new financial institution

Mailing address (number, street and suite number)

City	Province	Postal code
------	----------	-------------

Signature(s)

I understand that I have made a selection from the withdrawal options listed and I require no further information on these options. Where locked-in funds are being transferred, I agree that they will be administered in accordance with applicable legislation.

By withdrawing my funds (where available), I acknowledge that these funds may be subject to income tax withholding, fees or market value adjustment. I hereby certify that the information on this form is correct to the best of my knowledge.

Member's signature	Date signed (dd/mmm/yyyy)
Irrevocable beneficiary's signature (if required)	Date signed (dd/mmm/yyyy)