

Group RSP Withdrawal form

Please print clearly in the blank boxes.

Use this form for cash withdrawals, transfer of funds to an individual or group plan with Manulife Financial or transfer of funds to another financial institution.

Send your completed form to:
Manulife Financial
Attn: GSRS Client Services, KC-6
 PO BOX 396 STN WATERLOO
 WATERLOO, ON N2J 4A9

Your personal information

Plan Sponsor/Employer FortisAlberta		Group Policy number 20001933		
Employee number		Customer number		
Last name		First name		Middle initial
Mailing address (number, street and apartment number)			Telephone number*	Ext.*
City	Province	Country	Postal Code	Email address*

*These fields are optional.

Note: Tax may be deducted and/or a market value adjustment, and/or a service charge applied if applicable.

Your withdrawal type

- Transfer to an individual or group plan with Manulife Financial
- Transfer to another financial institution
- Cash withdrawal

Your withdrawal amount

- Full withdrawal of all funds

- Partial withdrawal amount

Must equal total amount shown in fields below.

Gross dollar amount

\$

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

Investment code	Amount to be withdrawn \$ <input type="checkbox"/> All	Investment code	Amount to be withdrawn \$ <input type="checkbox"/> All
Investment code	Amount to be withdrawn \$ <input type="checkbox"/> All	Investment code	Amount to be withdrawn \$ <input type="checkbox"/> All

Please ensure any appropriate transfer forms are attached from the receiving institution.

Your transfer information

What type of plan are the funds being transferred to?

<input type="checkbox"/> RRSP / LIRA	Policy Number	<input type="checkbox"/> Pension Plan	Policy Number
<input type="checkbox"/> Annuity	Policy Number	<input type="checkbox"/> RRIF / LIF / LRIF	Policy Number
		<input type="checkbox"/> Non-Registered	Policy Number

Name of new financial institution		
Mailing address (number, street and suite number)		
City	Province	Postal Code

Your payment method

FOR CASH WITHDRAWALS ONLY

Direct deposit is available only to Canadian currency bank accounts.

1 Direct Deposit

Bank Name		
Transit Number	Institution Number	Account Number

2 Cheque

Specify where cheque should be mailed:

Member's address (shown above)
 Other (specify) _____

Please sign here

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 in cash (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.

Your signature	Date signed (dd/mmm/yyyy)
Irrevocable beneficiary's signature (if required)	Date signed (dd/mmm/yyyy)
Plan Administrator's signature (if required)	Date signed (dd/mmm/yyyy)