

## Withdrawal Form for the Registered Retirement Savings Plan (RRSP)

Please print clearly in the blank boxes.

### General information

Plan Sponsor/Employer <b>Stantec Consulting Ltd.</b>			Group policy number <b>20001943</b>	
Employee number		Customer number		
Last name of member		First name		Middle initial
Mailing address (number, street and apartment number)				
City	Province	Postal	Telephone number	Ext
Email (if applicable)				

### Withdrawal Option Request

Please indicate the reason for withdrawal:

- ☐ 1. I would like to make a withdrawal and will continue as a member
- ☐ 2. I would like to make a full withdrawal and close my account as I no longer wish to participate in the plan

### Withdrawal Options for company shares

I hereby authorize Manulife Financial to withdraw:

- ☐ Number of whole shares from my account.

I elect to (please check one of the following three options):

- ☐ 1. Sell my shares and receive a cash payment

Please send my payment to:

- ☐ My home address indicated above
- ☐ Direct deposit to my bank account (attach void cheque)



Bank Name	Transit Number	Institution Number	Account Number
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- ☐ 2. Transfer my shares in-kind to my registered brokerage account

Please indicate the details about your registered brokerage account in Canada :

Name of brokerage firm		Address	
Your account number	CUID number	<b>Note - Please make your broker aware of the transfer of shares.</b>	

- ☐ 3. Sell my shares and transfer my money to my registered account at another financial institution

Name of financial institution		Address	
Account number			

#### Fees:

##### Sale of shares:

\$10 administration fee for internal transfer to Manulife Account  
\$25 administration fee for cash withdrawal

##### Transfer in kind:

\$25 administration fee for external transfer

##### Brokerage Fee:

4 cents per share will be charged for shares sold and will apply to all sales transactions.

**Note: Of the number of shares indicated, some shares are sold to cover brokerage and administrative expenses.**

Please indicate option(s) for your other investments.

If you do not make a selection, no money will be withdrawn from Group IncomePlus. If you selected 'Yes' and withdraw funds from Group IncomePlus, your withdrawal will reduce your Guaranteed Benefit Base and the Guaranteed Annual Income Amount it will provide. If the amount of the withdrawal is more than your Guaranteed Benefit Base, a Minimum Ninety (90) Day Freeze period will begin. You will not be able to make any Occasional Contributions to Group IncomePlus until this period concludes. Before you withdraw from Group IncomePlus, learn more at [www.manulifegroupincomeplus.ca](http://www.manulifegroupincomeplus.ca)

Indicate gross dollar amount:  
Must equal total amount shown in fields below.

Amount to be withdrawn  
\$

Investment code	Amount to be withdrawn \$	Investment code	Amount to be withdrawn \$
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108 : 01122 540 : 00011 0011111

Bank Name	Transit Number	Institution Number	Account Number
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Name of institution	Address
Account number	

By withdrawing my funds (where available), I acknowledge that any applicable income tax, brokerage and/or service fees or market value adjustment will be deducted from the amount withdrawn. 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)

**Manulife Financial**  
**Attn:** GRS Client Services  
 P.O. Box 396  
 Waterloo, ON N2J 4A9  
**Fax:** 519-744-9923