

**Authorization of Payment
 of Pension Funds for
 Member or Beneficiary**

Send your completed form to:
Manulife Financial
Attn: GRS Client Services
 P.O. Box 396
 Waterloo, ON N2J 4A9
 Fax Number: (519) 747-6895

Please print clearly in the blank boxes.

Plan information

Group policy number	Policyholder		
Plan number	Plan group	Customer number	

Member information

Name of member (last, first and middle initial)			Member number
Mailing address (number, street and apt. number)			
City	Province	Postal code	S.I.N.

Beneficiary information (if applicable)

Name of beneficiary (last, first and middle initial)			Relationship to member
Address			Beneficiary birthdate (dd/mmm/yyyy)
City	Province	Postal code	S.I.N.

Payment information

Termination of employment Retirement Death Other _____

Date of termination/death/retirement (dd/mmm/yyyy)

Available to member or spousal beneficiary

Transfer to Manulife Group Personal RSP or Savings Account Transfer to another financial institution
 Transfer to an individual plan with Manulife Financial Cash (if funds not locked-in)

Available to other beneficiaries Cash

Payment amount

Please refer to the Corporate Investment Report for investment codes.

Withdrawal fees will be deducted from the same fund direction as the withdrawal.

Indicate payment amount → \$ _____

Please note: Your withdrawal default fund direction will apply unless otherwise indicated below.

Investment code		Amount to be withdrawn	\$	OR	%
Investment code		Amount to be withdrawn	\$	OR	%
Investment code		Amount to be withdrawn	\$	OR	%
Investment code		Amount to be withdrawn	\$	OR	%

Other special withdrawal instructions

Transfer information

Please ensure any applicable transfer forms are attached.)

What policy number(s) are the funds being transferred to:

Policy number	Amount (Locked-in) \$	Policy number	Amount (Non locked-in) \$
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What is the name and address of the financial institution?

Company name		
Mailing address (number, street and apt. number)		
City	Province	Postal code

Mailing instructions

Where should the payment be mailed?

- Address of new financial institution Plan Administrator Member's address as shown
 Other _____

Signature(s)

Authorized signature	Date signed (dd/mmm/yyyy)
Name and title	Specified company if not Policyholder
Authorized signature	Date signed (dd/mmm/yyyy)
Name and title	Specified company if not Policyholder