

**Authorization of Payment  
 of Funds for Member  
 or Beneficiary (for NRSP)**

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

Please print clearly in the blank boxes.

**Your plan information**

*If you do not know your member number, your Plan Administrator will provide it. Please use the member name currently on our records when submitting a name change.*

|                     |              |                 |  |
|---------------------|--------------|-----------------|--|
| Group policy number | Policyholder |                 |  |
| Plan number         | Plan group   | Customer number |  |

**Your member information**

|  |          |             |                                     |
|--|----------|-------------|-------------------------------------|
| Name of member (last, first and middle initial)  |          |             | Member number                       |
| Mailing address (number, street and apt. number) |          |             | Beneficiary birthdate (dd/mmm/yyyy) |
| City   | Province | Postal code | S.I.N.                              |

**Your beneficiary information (if applicable)**

|  |          |             |                        |
|--|----------|-------------|------------------------|
| Name of beneficiary (last, first and middle initial) |          |             | Relationship to member |
| Address  |          |             |                        |
| City   | Province | Postal code | S.I.N.                 |

**Your payment amount**

Termination of employment     Retirement      
 Death     Other

Transfer to Manulife **Non-registered** Savings Account     Transfer to another financial institution  
 Transfer to an Individual Plan with Manulife Financial     Cash

**Your payment amount**

Indicate payment amount → \$

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

*Please refer to the Corporate Investment Report for investment codes.*

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

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| Investment code |  | Amount to be withdrawn | \$ | OR | % |
| Investment code |  | Amount to be withdrawn | \$ | OR | % |
| Investment code |  | Amount to be withdrawn | \$ | OR | % |
| Investment code |  | Amount to be withdrawn | \$ | OR | % |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

## Your transfer information

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

| Policy number | Amount |
|---------------|--------|
|               | \$     |

What is the name and address of the financial institution?

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

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## Your mailing instructions

Where should the payment be mailed?

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

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## Your signature(s)

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