Manulife Financial For your future"



Withdrawal form for **My Coastal Savings Plan**

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.

This form is also available online at www.manulife.ca/CCCU

Plan Sponsor/Employer Coastal Community				Group Policy number 40002708			
Member number	-	C	ustomer num	ber			
Last name			First nam	ıe		Midd	le initial
Mailing address (numbe	er, street and apartment r	number)		Telephone r	າumber*		Ext.*
City	Provin	ce Cour	itry P	ostal Code	Email address*		1

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
 - Are future contributions going to continue? 🗌 Yes 🗌 No

(If No, member status will be changed to inactive)

 Partial withdrawal amount Must equal total amount shown in fields below. Gross dollar amount

\$

If you do not make a selection, no money will be withdrawn from Group IncomePlus.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 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 by logging into your account at www.manulife.ca/GRO

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Investment code	Amount to be withdrawn \$	Investment code	Amount to be withdrawn \$
Investment code	Amount to be withdrawn \$	Investment code	Amount to be withdrawn \$

Your transfer information

Please ensure any appropriate transfer forms are attached.	What type of plan are the funds being transferred to?						
	RRSP / LIRA	Policy Number		Pension Plan	Policy Number		
	Annuity	Policy Number		🗌 RRIF / LIF / LRIF	Policy Number		
	TFSA	Policy Number		Non-Registered	Policy Number		
	Name of new financial institution						
	Mailing address (number, street and suite number)						
	City		Province	Postal Code			

Note: Tax may be deducted and/or a market value adjustment, and/or a service charge applied if applicable. Not all withdrawal types may be available under your plan. See your Plan Administrator for details.

Your payment method

FOR CASH WITHDRAWALS ONLY

Direct deposit is available only to Canadian currency bank accounts.

Direct Deposit	2 Deque
Bank Name	Specify where cheque should be mailed:
"108" :01122-540: 00011-0011111	Member's address (shown above) Other (specify)
Transit Number Institution Number Account Number	

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.

If I am withdrawing Group IncomePlus investments, I understand that this transaction will affect my Group IncomePlus benefits.

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)

Mailing instructions

Send your completed forms to the address below.

If you live outside of Quebec: **Manulife Financial** Attn: GRS Client Services P.O. Box 396 Waterloo, ON N2J 4A9

If you live in Quebec: Manulife Financial Group Retirement Solutions 2000 Mansfield, Suite 1410 Montréal, QC H3A 3A2