

## Transfer Authorization for Registered Investments (RSP, TFSA, LIRA, LRSP, RPP)

Please print clearly in the blank boxes.

Do not use this form for transfers due to death or marriage breakdown.

- Complete Sections below and forward to the institution that will transfer your funds to Manulife.
- Completing this transfer will NOT result in reporting of income or issuance of a tax receipt as your savings remain in registered funds.

This form is also available online at [www.manulife.ca/GRO](http://www.manulife.ca/GRO)

### Your personal information

Last name		First name		Middle Initial
Mailing address (number, street & apartment number)			City	Province
Postal Code				
S.I.N.	Telephone number*	Ext. *	Email address (if applicable)*	

*\*These fields are optional*

### Your direction to relinquishing institution

Relinquishing institution name <b>FROM:</b>			
Address		City	Province
Postal Code			
Account/policy number	<b>OR</b>	Group plan number	Member certificate number

**Transfer:**  
(check one box only)

**\* Please refer to statement in bold in Client authorization section below**

- All in cash\*     Partial\* - as listed below or on attached list

All <input type="checkbox"/>	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
Dollars <input type="checkbox"/>	Investment description		
All <input type="checkbox"/>	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
Dollars <input type="checkbox"/>	Investment description		
All <input type="checkbox"/>	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
Dollars <input type="checkbox"/>	Investment description		

### Manulife (The institution receiving your funds)

Receiving institution <b>Manulife Financial, Group Retirement Solutions, KC6 PO BOX 396 STN WATERLOO, WATERLOO ON N2J 4A9</b>		
Group policy number	CCCU Member number	Customer number

**Investment instruction for this deposit. Fund code names and details appear online at [www.manulife.ca/GRO](http://www.manulife.ca/GRO) or in the Group Investment Report.**

Fund code	Fund name	\$	%
			<b>100%</b>

**Must equal 100%**

## Your authorization

I hereby request the transfer of my account and its investments as described above.

**\* I have requested a transfer in cash, I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.**

If I have selected Group IncomePlus, I acknowledge that I have read and understood The Bold Print and by signing below, I agree to the terms, conditions and fees applicable to that option

Signature of Account Holder	Date (dd/mmm/yyyy)
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Irrevocable Beneficiary: I consent to the transfer of the account.

Signature of irrevocable beneficiary (if applicable)	Date (dd/mmm/yyyy)
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## For use by relinquishing institution only

Account type:  RSP  TFSA  LIRA  LRSP  RPP

Spousal Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes - if "Yes," Contributor's information:			
Last name	First name	Initial	S.I.N

Locked-In funds <input type="checkbox"/> Yes, confirmation attached <input type="checkbox"/> No	Governing legislation
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Contact name	Title	Telephone number	Fax number
Authorized signature			Date (dd/mmm/yyyy)