

## Withdrawal form

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. To terminate membership in the plan, use form GP0765. If you belong to more than one plan, complete a separate form for each plan.

### Your personal information

Plan Sponsor/Employer			Group Policy number		
Member number			Customer number		
Last name		First name		Middle initial	
Mailing address (number, street and apartment number)				Telephone number*	
City		Province	Country	Postal Code	Email address*

\*These fields are optional.

**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.

**Please Be Aware:** Due to market fluctuations a partial dollar amount requested for withdrawal may not be available at the time the transaction is being completed. If the partial dollar value requested for withdrawal is equal to 96% to 99% of the Member account value, the entire Member account value will be withdrawn.

### 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  
\$

Include Group IncomePlus investments in the withdrawal request:  Yes  No

If you do not make a selection, no money will be withdrawn from Group IncomePlus.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](http://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Investment code	Amount to be withdrawn \$	Investment code	Amount to be withdrawn \$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 \$

Please ensure any appropriate transfer forms are attached.

### Your transfer information

What type of plan are the funds being transferred to?

<input type="checkbox"/> RRSP / LIRA	Policy Number	<input type="checkbox"/> Pension Plan	Policy Number
<input type="checkbox"/> Annuity	Policy Number	<input type="checkbox"/> RRIF / LIF / LRIF	Policy Number
<input type="checkbox"/> TFSA	Policy Number	<input type="checkbox"/> Non-Registered	Policy Number

Name of new financial institution

Mailing address (number, street and suite number)

City Province Postal Code

## Your payment method

### FOR CASH WITHDRAWALS ONLY

Direct deposit is available only to Canadian currency bank accounts.

#### 1 Direct Deposit

Bank Name		
Transit Number	Institution Number	Account Number

#### 2 Cheque

Specify where cheque should be mailed:

Plan Administrator  
 Member's address (shown above)  
 Other (specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 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