

Remittance of contributions

Group Savings and Retirement - Client Services
 PO Box 11464, Succ. Centre-ville, Montréal (QC) H3C 5M3
 Tel.: 1-800-242-1704 Fax: 1-866-499-4480

Client name
Policy no. RS
Pension plan type
Pooled investment fund no. (if applicable)

The contribution remitted is composed of the following elements:

Contribution month:

Employer contributions	Amount
Current service	\$ <input type="text"/>
Going-concern special payment	\$ <input type="text"/>
Solvency special payment	\$ <input type="text"/>

Employee contributions	Amount
Required	\$ <input type="text"/>
Voluntary	\$ <input type="text"/>
Qualifying Transfer: (IPP only)	\$ <input type="text"/>

Other contributions	Amount
Deposit for invoice payment	\$ <input type="text"/>
Other (specify): <input type="text"/>	\$ <input type="text"/>

Total amount contributed	\$ <input type="text"/>
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Please make your cheque payable to: The Manufacturers Life Insurance Company