

# Transfer authorization for registered investments

**RSP, LRSP, LIRA, RIF, LIF, TFSA**  
**Transfer in SL**



**Send us stuff online**

Send us your completed form by signing in to your online account at [Manulife.ca/GRO](http://Manulife.ca/GRO). Look for **Send documents** in your homepage under the 'Manage your plans' tab.

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**GE11141F**

This form can be used for registered plan transfers (except for transfers due to death or divorce).

**Please note:** The data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine readability.

## Section 1 – Client identification

Account/policy holder last name	First name	Initial
Address		
City	Province	Postal code
Social Insurance Number	Telephone (home)	Telephone (business)

## Section 2 – Receiving institution information

Receiving institution name <b>Manulife, Member Services, Group Savings &amp; Retirement</b>		
Address <b>PO BOX 11464 STN CENTRE VILLE</b>		
City <b>MONTREAL</b>	Province <b>QC</b>	Postal code <b>H3C 5M3</b>
Telephone <b>1-800-242-1704</b>	Fax <b>1-866-499-4480</b>	Client account/policy number
Dealer name		Dealer number
Representative name		Representative number
Telephone (business)	Fax (business)	Client account/policy number

For use by mutual fund brokers/dealers only

Investment name	Fund number	% / \$ amount	Sales charge % (front end)
		\$	
		\$	
		\$	
		\$	

Registered type:

<input type="checkbox"/> RRSP	<input type="checkbox"/> LIRA	<input type="checkbox"/> RRIF	<input type="checkbox"/> LIF	<input type="checkbox"/> TFSA
<input type="checkbox"/> LRSP	<input type="checkbox"/> LRIF	<input type="checkbox"/> Spousal RRSP	<input type="checkbox"/> Spousal RRIF	

## Section 3 – Client direction to relinquishing institution

Relinquishing institution name		
Address		
City	Province	Postal code
Group plan number (if applicable)		Client account/policy number

### Section 3 – Client direction to relinquishing institution (continued)

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

- All in cash\*     All as is\* (in kind)     All assets\*, but mixed in cash and as is (in kind), see list below or attached list.     Partial\* as listed below or attached list

<input type="checkbox"/> In kind	<input type="checkbox"/> In cash	Investment amount	Fund no. and/or certificate no. or policy no.
<input type="checkbox"/> Shares/unit	<input type="checkbox"/> Dollars	Investment description	

#### For use by relinquishing institution

Delay delivery until (dd/mm/yyyy)

<input type="checkbox"/> In kind	<input type="checkbox"/> In cash	Investment amount	Fund no. and/or certificate no. or policy no.
<input type="checkbox"/> Shares/unit	<input type="checkbox"/> Dollars	Investment description	

#### For use by relinquishing institution

Delay delivery until (dd/mm/yyyy)

<input type="checkbox"/> In kind	<input type="checkbox"/> In cash	Investment amount	Fund no. and/or certificate no. or policy no.
<input type="checkbox"/> Shares/unit	<input type="checkbox"/> Dollars	Investment description	

#### For use by relinquishing institution

Delay delivery until (dd/mm/yyyy)

### Section 4 – Client authorization

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

Signature of account holder	Date (dd/mm/yy)	
Signature of irrevocable beneficiary (if applicable): I consent to the transfer of the account.	Date (dd/mm/yy)	

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

\*Where 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.

### Section 5 – For use by relinquishing institution only

#### Registered type:

- Group RRSP     RRSP     LIRA     LRSP     RRIF     LRIF     LIF     RESP     TFSA

#### Spousal plan:

- NO     YES - if yes,

Last name	First name	Initial	Social Insurance Number
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Locked-in	<input type="checkbox"/> NO <input type="checkbox"/> YES	Locked-in funds \$	Governing pension legislation
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#### Locked-in confirmation attached

Contact name	Telephone	Fax	Cheque amount
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Authorized signature	Date (dd/mm/yy)	
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### Got something to send to us?



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[manulife.ca](http://manulife.ca)

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