Group Savings & Retirement

Notice of termination or retirement facsimile transmission



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

This form is to be completed by the plan administrator/plan sponsor and returned to Customer Services, at Manulife (see address above).							
Client no.	no. Client name			Subgroup no.			
Section 1 – Notice of termination or retirement							
Employee name	Certificate no.	Home telephone	Date of last contribution (YYYY/MM/DD)	Date of cessation (YYYY/MM/DD)	Retirement	Termination	
Section 2 – Plan administrator/plan sponsor authorization							
I understand that the personal information provided will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information is true, correct and complete, to the best of my knowledge.							
Signature	Print name						
Home telephone Date (YYYY/MM/DD)							