

Withdrawal form

- Use this form for withdrawing funds. Note: To terminate membership in the plan, use form GP0765E.
- If member belongs to more than one plan, complete a separate form for each plan.
- Forward to: Manulife Financial, Attn: CPO Client Services, KC-6
P.O. BOX 396, STN WATERLOO, WATERLOO ON N2J 4A9
- This form is also available on the Manulife Web site at www.manulife.ca/GRO

General information

Group policy number	Plan number	Plan Sponsor/Employer		
Member number		Customer number		
Last name of member		First name	Middle initial	
Mailing address (number, street and apt. number)				
City	Province	Postal code	Telephone number	Ext

Withdrawal option request

NOTE: Some disbursement options below may not be available under your plan until termination of employment. See your Plan Administrator for details.

Type of withdrawal

- Cash withdrawal
 Transfer to an individual plan with Manulife Financial
 Transfer to another financial institution

Amount being withdrawn

NOTE: A withdrawal may have tax deducted and/or a market value adjustment, and/or a service charge applied, if applicable. See your Plan Administrator for details.

All funds
 Are future contributions going to continue?
 Yes No
 (If no, member status will be changed to inactive)

Partial withdrawal amount
 Indicate gross dollar amount: _____ \$
Must equal total amount shown in fields below.
 (Not available on termination of employment)
 What investments do 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Investment code	Amount to be withdrawn	\$
Investment code	Amount to be withdrawn	\$
Investment code	Amount to be withdrawn	\$
Investment code	Amount to be withdrawn	\$

Transfer information

What type of plan are the funds being transferred to?

<input type="radio"/> RRSP / LIRA	Policy no.	<input type="radio"/> Pension Plan	Policy no.
<input type="radio"/> RRIF / LIF / LRIF	Policy no.		
<input type="radio"/> Annuity	Policy no.	<input type="radio"/> Non-Registered	Policy no.

Name of new financial institution

Mailing address (number, street and suite number)

City	Province	Postal code
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Where should the cheque(s) be mailed?

- Address of new financial institution
 Plan Administrator
 Member's address as shown above
 Other

(Please ensure any appropriate transfer forms are attached)

If the funds are being transferred outside Manulife Financial

Signature(s)

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 (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.

Member's 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)