

For your future

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 persor	nal inforn	nation										
	Plan Sponsor/Employer					Group Po			olicy number				
	Member number Custo							mer number					
	Last name	ast name					First name		M		Middle	iddle initial	
	Mailing address (number, street and apartment number)						Te		Telephone number*		E	xt.*	
	City			Province C		Country	Po	Postal Code Email		Email address*			
	*These fields are optional.												
	Your withdrawal type												
Note: Tax may be deducted and/or	☐ Transfer to an individual or group plan with Manulife Financial												
a market value adjustment, and/or a service charge applied if applicable.	☐ Transfer to anot	ther financial i	nstitution										
Not all withdrawal types may be available under your plan. See	☐ Cash withdrawal												
your Plan Administrator for details.	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 d \$					dollar amount							
	Include Group IncomePlus investments in the withdrawal request: 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	If you do not make a selection, no money will be withdrawn from Group IncomePlus.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												
	Optional: You can choose which investments you want to w												
	Investment code		Amount to be withdrawn \$				Investment code		Amount to be w		to be with	drawn	
	Investment code		Amount to be withdrawn \$				Investment code		Amount to be withd		drawn		
	V	!	-41										
Please ensure any appropriate	Your transfer information What type of plan are the funds being transferred to?												
transfer forms are attached.	vvnat type or plan			isierrea to	!				D-1:	Ni walan			
	☐ RRSP/LIRA	SP / LIRA Policy Num		ber		☐ Pension		an	Policy Number				
	☐ Annuity	Policy Numb			☐ RRIF/L		'LRIF	Policy Number					
	☐ TFSA	oer	r			☐ 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	2 Cheque					
Bank Name	Specify where cheque should be mailed:					
"108" ::01122" Stor: 00011" 0011111"	Plan Administrator Member's address (shown above) Other (specify)					
Transit Number Institution Number Account Number						

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